

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5142**

FILED FEB 18 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **472**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 45 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2442 Campbell		e. STREET ADDRESS (If rural, give location) 113 2442 Campbell	
3. NAME OF DECEASED (Type or Print) William Baxter Wright		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954	
a. (First) b. (Middle) c. (Last)		5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 22, 1894		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainence		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and State or Foreign Country) Carsey County, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mitchell Wright		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Anna B. Wright		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 439-24-1707		17. INFORMANT'S SIGNATURE OR NAME Anna B. Wright ADDRESS 2442 Campbell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Type Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 yr ANTECEDENT CAUSES DUE TO (b) Decompensated DUE TO (c) Chn. Parenchymatous nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July 1, 1953 , to 1-25-54 , that I last saw the deceased alive on 1-25-54 , 1954, and that death occurred at 9:00 Am. , from the causes and on the date stated above.	
23a. SIGNATURE J. S. Wells		23b. ADDRESS W.D. 2122 E-15 KC Mo.	
23c. DATE SIGNED 1-28-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/29/54		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walter L. Bess ADDRESS 18 1/2 Benton	
DATE REC'D BY LOCAL REG. 1-29-54		REGISTRAR'S SIGNATURE Geraldine Smith	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

222
Dr. [unclear]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 450

P. O. Address 18 1/2 Ben

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.