

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9017**  
Registrar's No. **1088**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>DONT KNOW</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	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 <b>GEN. HOSP. # 2</b>		e. STREET ADDRESS (If rural, give location) <b>1508 HARRISON 3278</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DAVID</b>	b. (Middle)	c. (Last) <b>WRIGHT</b>	(Month) <b>3</b>	(Day) <b>4</b>	(Year) <b>1954</b>
5. SEX <b>2</b> <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DONT KNOW</b>	8. DATE OF BIRTH <b>ABOUT 1910</b>	9. AGE (in years last birthday) <b>43?</b>	If UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DONT KNOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DONT KNOW</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DONT KNOW</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>DONT KNOW</b>	13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CORONERS OFFICE JACKSON CO, MO.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331x</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Deputy Coroner E.M. Tillman</b>	23b. ADDRESS <b>1618 Lydia Ave.</b>	23c. DATE SIGNED <b>3/9/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WESTLAWN</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANS.</b>
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DATE REC'D BY LOCAL REG. <b>3-10-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BRADY-BROWN</b>	ADDRESS <b>K.P., MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Licensed Embalmer No. 45  
P. O. Address Kansas

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.