

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2058

I. 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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 40 years
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
e. STREET ADDRESS (If rural, give location) 1235 JEFFERSON 31140

3. NAME OF DECEASED (Type or Print)
a. (First) LUTHER b. (Middle) _____ c. (Last) WRIGHT
4. DATE OF DEATH (Month) (Day) (Year) May 4, 1954

5. SEX Male 0 6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 28, 1876 9. AGE (In years last birthday) 77
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Novelty Sales
11. BIRTHPLACE (City and State or Foreign Country) Nevada, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William C. Wright
13b. MOTHER'S MAIDEN NAME Annie E. Owens
14. NAME OF HUSBAND OR WIFE Acey WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give way or dates of service) VANISH AMER. WAR
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MR. ACEY WRIGHT ADDRESS 1235 JEFFERSON KANSAS CITY, MO.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary (Edema) Oedura
MEDICAL CERTIFICATION
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar nephrosclerosis w/ uremia
INTERVAL BETWEEN ONSET AND DEATH 2 days
3 years
Unknown

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 16, 1954, to May 4, 1954, and that death occurred at 1:48 P.M., from the causes and on the date stated above.

23a. SIGNATURE THOMAS J. HANKIN, M.D. (Degree or title) 0
23b. ADDRESS V. A. HOSPITAL KANSAS CITY MISSOURI
23c. DATE SIGNED 5/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 7 1954
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LEAVENWORTH KANSAS

DATE REC'D BY LOCAL REG. 5-7-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. J. HANCOCK'S INC. 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI

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 *Rose A. Boye*

Licensed Embalmer No. *489*

P. O. Address *K 6 10, M*

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.