

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34238

State File No. _____

4983

| | | | | | | | |
|---|------------------------------------|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>9 days</u> | | c. CITY OR TOWN <u>Independence</u> | | 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 <u>Wheatley Provident</u> | | | | f. STREET ADDRESS (If rural, give location) <u>603 E. Truman Rd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Wright</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1954</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 1885</u> | | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Armstrong, Missouri</u> | | 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Isaac Wright</u> | | 13b. MOTHER'S MAIDEN NAME <u>Miltelda Holley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ida Wright</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-10-4736</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Wright 601 E. Truman Rd.</u> | | | |
| 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* (a) <u>Acute Digestive Failure</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| DUE TO (c) <u>Chronic Nephritis</u> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u> | | | | | | <u>592+</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (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 <u>Oct. 13, 1954</u> , to <u>Oct. 23, 1954</u> , that I last saw the deceased alive on <u>Oct. 23, 1954</u> , and that death occurred at <u>1:25A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE OF REGISTRAR <u>P. C. Turner</u> | | | | 23b. ADDRESS <u>1433 E. 19th St. Independence, Mo.</u> | | 23c. DATE SIGNED <u>10-25-54</u> | |
| 24a. BURIAL OR CREMATION (Specify) <u>Burial</u> | | 24b. DATE <u>10/25/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-27-54</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.E. Daniel, Truman Home 1415 Truman Rd.</u> | | | |

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 *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K.C. Mo.*

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.