

UNRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011327

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1372

STATE FILE NUMBER

UNDECEASED

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, give TOWNSHIP only) OR TOWN <b>Kansas City Mo</b>		Length of stay in 1b <b>42 yrs</b>	c. CITY OR TOWN <b>Kansas City Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8107 Brooklyn</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8107 Brooklyn</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Mrs Maude Blanch Wright</b>			4. DATE OF DEATH Month <b>3</b> - Day <b>4</b> - Year <b>1960</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-10-1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beason Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wilson Packaging</b>	9. AGE (last birthday) <b>65</b>
11. BIRTHPLACE (City and state or country) <b>Richmond Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John William Bryan</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Roe</b>	14. NAME OF HUSBAND OR WIFE <b>George C Wright</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-12-4219</b>	17. INFORMANT <b>George C Wright</b> Address <b>8107 Brooklyn</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Influenza</b>			<b>10 days</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>Chronic Hypertension</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Aug 11-55</b> to <b>Feb 4-60</b> and last saw her <sup>alive</sup> on <b>Feb 4-60</b> Death occurred at <b>11:37 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Donald R. Collins M.D.</b>		22b. ADDRESS <b>8210 Paseo</b>	22c. DATE SIGNED <b>3/5/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-7-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>France-Wornall Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>3-7-60</b>	26. REGISTRAR'S SIGNATURE <b>Nevas Minshel</b>

DOCUMENT

Donald R. Collins M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by James Anderson, Student Embalmer No. 397  
working under my personal supervision.

Student James C. Anderson  
Signature of Student Embalmer

Signed Russell N. Fran

Licensed Embalmer No. 425

P. O. Address K.C. 77

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.