

Registration District No. 999

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. Gen. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 5 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3304 Olive Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th  
year 1941 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 3-10-41 19   to 3-17-41 19    
that I last saw him alive on 3-17-40 19    
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy  
Duration

Due to Bilateral lobar pneumonia

Due to 100

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy See above  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work: Means of injury

23. Signature Henry R. Thorne (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed 3-17-41

3. (a) PRINT FULL NAME CHARLES H. ENBY  
GRAY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mrs. Eda Gray 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 23 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Calloway County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business Own Business

12. Name William Gray

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bell

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Darrell Gray

(b) Address 3304 Olive St.

17. (a) Burial (b) Date thereof Mar. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bachelor, Missouri

18. (a) Signature of funeral director D.H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-17-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

48  
3  
8

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed O. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address A.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 this body is not embalmed, fact should be so stated above.**