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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9764**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1173**

48
38
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Days**
(Specify whether years, months or days)
In this community **20 Days**
(years, months or days)

3. (a) PRINT FULL NAME **Mr. Hardy Anderson Wray**
3. (b) If veteran, name war **World War Veteran** 3. (c) Social Security number **496-10-7933**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Marie Hale Wray** 6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **May 28 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 24 hr. min.

9. Birthplace **Lamar Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner Warrensburg, Missouri**
11. Industry or business **Wray Loan & Investment Co.**

MOTHER FATHER
12. Name **Herbert Worthington Wray**
13. Birthplace **Lamar Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Warnick**
15. Birthplace **Warrensburg Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marie Hale Wray**
(b) Address **Warrensburg, Missouri.**

17. (a) **Burial** (b) Date thereof **Mar. 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrensburg, Missouri**

18. (a) Signature of funeral director **O. H. Neumann's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **3/21/1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **51**
(a) State **Missouri** (b) County **Johnson** **2**
(c) City or town **Warrensburg** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **406 East Market**
(If rural, give location)
(e) If foreign born, how long in U.S.A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**
year **1941** hour **6** minutes **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 17**
1940 to **March 21, 1941**
that I last saw **him** alive on **March 20, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary infarction 5 days

Due to **Myocardial infarction 5 days**

Due to **110**

Other conditions
(Include pregnancy within 3 months of death) **94.8**

Major findings:
Of operations **none**
Of autopsy **none**

Duration
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 **none**

(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?
no

While at work? ----- (Specify type of place)
(c) Means of injury **no**

23. Signature **Graham Asher M.D.**
Address **1220 Ruffley** Date signed **3-21-41**

1228 Professional 1989
1-5

AUG 18 1958

MAY 24 1958

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..... *C. Harvey Quisenberry*

Licensed Embalmer No. *4070*

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 this body is not embalmed, fact should be so stated above.