

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17107

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1769

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: 1407 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME ALICE GRAY

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 10 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 19 _____ min.

9. Birthplace Jackson Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Jonathan Dyer

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia

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

16. (a) Informant Alice Anderson

(b) Address 1407 Kensington

17. (a) Burial (b) Date thereof May 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellborn Cemetery

18. (a) Signature of funeral director Walter H. Dyer
(b) Address 1520 N. 5th St.

19. (a) 5/2/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1407 Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 21, 1941, to April 27, 1941;
that I last saw her alive on April 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic interstitial nephritis
Duration ?

Due to _____

Due to _____

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm H Dyer (M. D. or other) _____

Address Kansas City, Mo Date signed 4/29/41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Nathan Whatchler

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th

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, above space should be left blank.