

No. 2
-1-4-41
-17-39

State File No. _____
Registrar's No. 2465

Registration District No. 399
Primary Registration District No. 1002

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 Kansas City Gen Hospt
 (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 Ray E Tull
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Inf.
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-29-41
 (Month) (Day) (Year)

8. AGE: Years Months _____ Days _____
 If less than one day
 hr. 35 min.

9. Birthplace Kansas City MO
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Ray E Tull
 13. Birthplace Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name Charlotte
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant Reginald Clark
 (b) Address 1100 Gen Hospt
 17. (a) Removal (b) Date thereof 6-29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Westlawn MO
 18. (a) Signature of funeral director Wm A Schmeiss
 (b) Address City
 19. (a) 6/29/41 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL" and location)
 (d) Street No. 2610 - E - 81 - St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1941 hour 6 minutes 55 a.m.
 21. I hereby certify that I attended the deceased from June 29
1941 to June 29 1941
 and that death occurred on the date and hour stated above.

that I last saw her alive on June 29 - 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Duration _____
 Due to: 154
 Due to: 154
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Wm A Schmeiss (M. D. or other)
 Address Med. Dir. KC Gen Hospt

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

X26390
248
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.....

Licensed Embalmer No.....

P.O. Address.....

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.