S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5580

FILED MAR 9 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 543

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: 920 Highland 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 920 Highland
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bell Ray

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Shelby Ray

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. (Month) 26, (Day) 1870 (Year)

8. AGE: Years 71 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Glasgow
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Frankie Hayes
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Shelby Ray
(b) Address 920 Highland Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb. 3 day 1942 year hour 9 minute P. M. M.

21. I hereby certify that I attended the deceased from June 12, 1938 to Feb. 3, 1942 that I last saw her alive on Feb. 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	4 yrs
Due to	
Due to 131 B	
Other conditions Artero-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature D. M. Miller (M. D. or other)
Address 1605 E. 18 - Kc, Mo. Date signed 2-4-42

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Marlone

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.