

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 96261
Registrar's No. 1206

LEO APR 8 1942 399
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson,
Kansas City,

(b) City or town _____
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
3110 Harrison,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X 1
(Specify whether years, months or days) 40 years,

3. (a) PRINT FULL NAME Henry M. Gray,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Minerva Ann Gray, 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 4 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Illinois, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name Robert Gray,

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minerva Ann Gray,
(b) Address 3110 Harrison, Kansas City, Mo.

17. (a) Removal (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-26-42 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048
338

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

(d) Street No. 3110 Harrison,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1942 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 10/18, 1941, to 3/25, 1942
that I last saw him alive on 2/25/42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 or 3 yrs

Due to Arteriosclerosis Hypertensive several yrs

Due to Chronic Nephritis several yrs

Other conditions Chronic Enlarged Prostate 7 yrs
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 92d

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 Dr. H. M. Crowe (M. D. or other) 0
Address 3034 Hawthorn Date signed 3/26/42

Dr. Hull,

3434 Harrison

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 Felix Reuz
Licensed Embalmer No. H127
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.