DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13511

Primary Registration District No. 1002

Registrar's No. 1808

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Willows Hospital-2929 Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)

In this community 2 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2929 Main St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Ray Queen

3. (b) If veteran, name war babe

3. (c) Social Security No. babe

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased May (Month) 6 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. --- min.

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

10. Usual occupation none

11. Industry or business none

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

MOTHER
14. Maiden name Marie Queen
15. Birthplace Portsmouth (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature [illegible]
(b) Address 2929 Main St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 5-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1942 hour 10:25 AM minute ___ M.

21. I hereby certify that I attended the deceased from May 6, 1942 to May 6, 1942; that I last saw him alive on May 6, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity twins- 6½ mo gestation	
Due to unknown	
Due to	
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 H. L. Dwyer M.D. (M. D. or other)
Address 315 Alameda Rd Date signed 5-6-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas Wicks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.