V. S. No. 2
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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. 23297

FILED AUG 1 1942

Registration District No. 3479 Primary Registration District No. 1002 Registrar's No. 2788

**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: Brookside Hotel, 54th + Brookside
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 32 years,
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3/8
(If outside city or town limits, write "RURAL")
(d) Street No. Brookside Hotel,
(If rural, give location)
54th + Brookside
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Daniel Paul Bray, 487-07-2597
3. (b) If veteran, name war no.
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose M. Bray,
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October (Month) 19 (Day) 1881 (Year)

8. AGE: Years 60 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Illinois, (City, town, or county) 1 (State or foreign country)
10. Usual occupation President
11. Industry or business Storage Co.,
FATHER
12. Name Michael Bray,
13. Birthplace Ireland, 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Corbin,
15. Birthplace Ireland, 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose M. Bray,
(b) Address Brookside Hotel, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-22-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 21st year 1942 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 10 40 to July 21 1942 that I last saw him alive on June 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Sclerosis

Hypertension

Due to Auricular fibrillation

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H. P. Bowman (M. D. or other) M.D
Address Kansas City Mo. Date signed 7/22/42

(Licensed Embalmer's Statement on Reverse Side)

361

Bouchnow Jo 74 / Med Bldg

Dr. Bouchnow

Change to 5 P.M.

## 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 E. M. Plank

Licensed Embalmer No. 1848

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.**