

FILED OCT 20 1942

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3652**

48
853

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

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: **4100 Terrace**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **61 yrs.** (Specify whether years, months or days)

In this community **61 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **4100 Terrace**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **C. Edwin Gray**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **Wh**

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

6. (b) Name of husband or wife **Eva M. Gray**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **November 1, 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	11	1	hr. min.

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

10. Usual occupation **Grocer**

11. Industry or business **Self**

12. Name **William A. Gray**

13. Birthplace **No Record Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Hanna E. Crossley**

15. Birthplace **No Record England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva M. Gray**

(b) Address **4100 Terrace**

17. (a) **Burial** (b) Date thereof **10/5/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **State Funeral Home**

(b) Address **1901 Olathe Blvd., K.C. Kans.**

19. (a) **10-5-42** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **2**
year **1942** hour **5** minute **18 P.** M.

21. I hereby certify that I attended the deceased from **April 30**, 19**41** to **Oct 2**, 19**42**
that I last saw him alive on **Oct 2**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death:

malnutrition

Due to **Bowel involvement** **SIB** **1 year**

Due to **Cancer of prostate and liver metastasis** **2 yrs**

Other conditions (include pregnancy within 3 months of death)

Major findings: **as above**

Of operations **as above**

Of autopsy **as above**

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 _____

23. Signature **E. A. Burchardt** (M. D. or other) **M.D.**
Address **2346 Summit** Date signed **10/2/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.