S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36217

Registrar's No. 4368

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-21-42 - 55 min. (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 1129 Vine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BEATRICE ANNIE GRAY

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Leonard H. Gray

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May (Month) 17 (Day) 1893 (Year)

8. AGE: Years 49 | Months 6 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Marshall (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Noah Lee
13. Birthplace Marshall (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Josie Crawford
15. Birthplace Marshall (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director E. Sterling Gillis
(b) Address 1212 Vine K.C. Mo

19. (a) 11-25-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 21 year 1942 hour 7 minute 25 a. M.

21. I hereby certify that I attended the deceased from November 21, 1942 - 6:30 a.m. 19 to 7:25 a.m. 19 X; that I last saw her alive on November 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident

Due to Hypertensive type heart disease

Due to 93 D

Other conditions
(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

23. Signature [signature] (M. D. or other)

Address Gen. Hosp #2-680 E 22 Date signed 11-23-42

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, K.C.M.

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.