

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4773

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether in this community years, months or days)

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. 1700 Wabash
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINT FULL NAME Mr. Orr Gray

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 20th
 year 1942 hour 11:00 A.M. minute -- M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 12-18-42 to 12-20-42, 19____; that I last saw him alive on 12-20-42, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Mrs. Gertrude Hatton Gray
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased September 11 1864
(Month) (Day) (Year)

Immediate cause of death CEREBRAL EDEMA; FATTY DEGENERATION OF LIVER

8. AGE: Years 78 Months 3 Days 9 If less than one day hr. min.

Due to 124 B²

9. Birthplace Collinsville Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Brickmason

Major findings: Of operations See above
 Of autopsy See above

11. Industry or business retired
 12. Name Jos Gray
 13. Birthplace 9
(City, town, or county) (State or foreign country)
 14. Maiden name 9
 15. Birthplace 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

16. (a) Informant Orr Hatton
 (b) Address 1407 Bellview
 17. (a) Burial (b) Date thereof Dec. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Floral Hills Cemetery
 18. (a) Signature of funeral director D. K. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Dr. R. Thom (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

19. (a) 12-22-42 (b) M. M. Lawrence
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address PCMO

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.