

S. No. 2
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40063

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 18 1942

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4563

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1103 E. 30th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1103 E. 30th
(Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 E. 30th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME MARY ELIZABETH WRAY
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7
year 1942 hour 2 minute 15 P. M.

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow
7. Birth date of deceased: March 19, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 15 =
1942 to Dec 15 = 1942
that I last saw her alive on Dec 5 = 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 8 18
hr. min.

Immediate cause of death Myocarditis
Multiple cerebral apoplexy
Due to _____
Due to _____
Other conditions Myocarditis -
(Include pregnancy within 3 months of death)

9. Birthplace Ozark Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business None

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name John Alstatt
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Taylor
15. Birthplace Arkansas
(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 _____
(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? _____

16. (a) Informant Mabel Cobb
(b) Address 1103 E. 30th
17. (a) Burial (b) Date thereof Dec. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

23. Signature Dr. James J. Bratten (M.D. or other) 20
Address 1002 Phillips Bldg Date signed 12/8/42

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address Kansas City, Mo.
19. (a) 12-8-42 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

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

Dr. J. Crittendon
Chilhowe Building
No. 5

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. No

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.