

FILED SEP 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
622 East 15th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edward Norton Rayl

3. (b) If veteran, name war no 3. (c) Social Security No. 493-12-2887

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 4 24 hr. _____ min.

9. Birthplace Jasper County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Diswasher & Waiter

11. Industry or business Foods

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Brady

(b) Address H.C. Mo.

17. (a) Removal (b) Date thereof Sep. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery, K C K

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main St

19. (a) 9-7-43 (b) P. E. Brown
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 622 East 15th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Deputy to Coroner 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture Duration _____
Due to Injury by Fall

Other conditions 186a
(Include pregnancy within 3 months of death)

Major findings: Of operations 59 PHYSICIAN _____
Of autopsy See Above 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) Accident 123
(b) Date of occurrence Sept. 4, 1943
(c) Where did injury occur? Marion's City, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) (e) Means of injury Tram
23. Signature P. E. Brown (M. D. or other) Mr. B.
Address 23 M. Way Date given 9/5/43

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

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address T. 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.