

FILED OCT 13 1943

State File No. ....

Registration District No. ....

Primary Registration District No. 1007

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: Corley Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 da (Specify whether years, months or days) 2da

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Chay 24  
(c) City or town Kearney (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Essie Razy  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9/22 day 22 year 43 hour 12 minute 20 AM.  
21. I hereby certify that I attended the deceased from 9/20/43 to 9/22/43, 1943, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married divorced Married  
6. (b) Name of husband or wife MANLEY RAZY 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Apr. 23, 1877 (Month) (Day) (Year)

Immediate cause of death myocardial insufficiency  
Due to heart block 3 mo  
Due to 95A

8. AGE: Years 66 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Turney MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Galloway  
13. Birthplace Turney MO (City, town, or county) (State or foreign country)  
14. Maiden name MARGARET (unk)  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leonard Gray (FRY)  
(b) Address Kearney, Mo  
17. (a) Removal (b) Date thereof Sept. 22 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Turney, Mo.

18. (a) Signature of funeral director Church & Archer Co  
(b) Address Liberty, Mo.  
19. (a) 9-22-43 (b) T. E. Brown (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature: Old Coleman (M.D. or other) 00  
Address: 2047 E. 15 St Date signed: 9/23/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Clemens olaf  
6047E15

**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 *Paul D. Chesch*

Licensed Embalmer No. *3286*

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.**