

**FILED JUN 3 1944**

Registrar's No. 2213

Registration District No. 149

Primary Registration District No. 1002

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

**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:  
1123 West 40th St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 5 Months

**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. 1123 West 40th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Gray

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

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased September 13, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace No Record Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Business

11. Industry or business Self Ret. 25 yrs.

12. Name Charles Gray

13. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Estes

15. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Gray

(b) Address 1123 West 40th St.

17. (a) Removal (b) Date thereof 5/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Gates General Home

(b) Address Kansas City, Kansas

19. (a) 5-22-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 20th  
 year 1944 hour 7 minute 35 P M.

21. I hereby certify that I attended the deceased from January 1944 to May 20 1944  
 that I last saw him alive on May 20 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal Disease  
 Duration 6 7/8 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Thrombosis  
(Include pregnancy within 3 months of death) 3 days

Major findings:  
 Of operations -  
 Of autopsy -  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature D. E. Brown (M. D. or other) \_\_\_\_\_

Address 2937 Main St. K. C. Mo. Date signed 5/28/44

**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..... *Wm L. Ward*  
Licensed Embalmer No..... *3991*  
P. O. Address..... *309 E 67*

**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.**