

FILED AUG 9 1944
1944

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3098

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:
743 West 35th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 YEARS
(Specify whether 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. 743 West 35th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE WILLIAM FREY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Corona Grace 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December 20, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 6 If less than one day
hr. min.

9. Birthplace Grover Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Registered Nurse

11. Industry of business John Frey

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

Maiden name Lucinda Battin

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corona Grace Frey
(b) Address 743 West 35th Street

17. (a) Burial (b) Date thereof 7-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Quirk and Bohm Co

(b) Address 20 West Linwood Blvd

19. (a) 7-28-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1944 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 26
1944 to July 26 1944;
that I last saw him alive on July 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to Arteriosclerosis
Myocardial Infarction

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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 Dr. Anthony B. Devina (M. D. or other) PO

Address 804 W. 33rd St Date signed July 29, 1944

Devina

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

MOTHER FATHER

AUG 21 1940

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 Charles M. Zurke
Licensed Embalmer No. 3774
P. O. Address K.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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson SS.

State File No. 3098

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3098

On this 12th day of August, 1944, before me appears Betty Clarke, who, upon her oath, states that the original record of ~~birth~~ death for Clarena Wm. Grey died July 26 born H.C., 1944, in the State of Missouri, and which was filed at H.C. on 7-28, 1944, should be corrected as follows:

Item No. 3 should read 496-09-0291

Instead of none

Item No. 6 should read Cora Grace

Instead of Clarena Grace

Item No. 16 should read Mrs. Cora Grace Grey

Instead of Mrs. Corona Grace Grey

Item No. 23 should read Sidney B. Lewis

Instead of Sidney B. Owens

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Betty Clarke, Niece Relationship.

413 W. 35 St.
Present Address.

Subscribed and sworn to before me this 12th day of August, 1944

My Commission expires Oct 20, 1947 Loarrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.

23692

07-01-1952

11:00