. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23696

Primary Registration District No. 1002

Registrar's No. 2889

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:
General Hospital No. 2 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-22-44-7-7-44 (Specify whether
In this community 1 year
years, months or days)

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. 633 Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME JOHN W. GAY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced ~~Separated~~ married 1

6. (b) Name of husband or wife unk.

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased November (Month) 22 (Day) 1881 (Year)

8. AGE: Years 62 | Months 7 | Days ~~16~~ 15 | If less than one day hr. min.

9. Birthplace Tuskalooska (City, town, or county) Ala. 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Peter Palmer
13. Birthplace ? (City, town, or county) unk 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Clay
15. Birthplace (City, town, or county) Ala. 1 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12th K.C. Mo

19. (a) 7-12-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from June 22, 1944 to July 7, 1944; that I last saw him alive on July 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Pulmonary Tbc.

Due to

Due to

Other conditions 13 15
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury D

23. Signature G. C. Evans (M. D. or other)
Address Gen. Hosp. #2 600 E. 22nd Date signed 7/10/44

(Licensed Embalmer's Statement on Reverse Side)

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.....A. J. Moore

Licensed Embalmer No.....948

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.