

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: North East Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3826 East 15th, St.
(e) Citizen of foreign country? No

3. (a) PRINT John S. Gray
FULL NAME
(b) If veteran, No
name war
(c) Social Security No. 448-03-9929

4. Sex Male (d) 5. Color of race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Hazel Gray
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 8th, 1885

8. AGE: Years Months Days If less than one day
60 0 27 hr. min.

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

10. Usual occupation Ship yard worker

11. Industry or business
12. Name John T. Gray
13. Birthplace Ohio
14. Maiden name Margret A. Williams
15. Birthplace Unknown

16. (a) Informant Margaret Biswell
(b) Address 3826 East 15th, St.

17. (a) Burial (b) Date thereof 6/9/45
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director. Earl Funeral Home
(b) Address 4139 East 15th, St.

19. (a) 6-8-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5th, year 1945 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from January 20th 1945 to June 5th 1945 that I last saw h. in alive on 6-4-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis.
Due to metastasis from Carcinoma of Stomach + Pancreas
Other conditions: 4/6/45
Major findings: Gaps Carcinoma of Stomach - Metastases to Pancreas

Duration
PHYSICIAN
Underline 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Raymond S. Mahoney (M. D. or other) Do.
Address: 1757 W. Highway 6-5-45
While at work? (Specify type of place) (e) Means of injury

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

148
3
2

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.....

John P. Camp
.....
Licensed Embalmer No. *2955*
.....
P. O. Address *J.C. Med*
.....

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.