

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X3867

FILED DEC 6 1945

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4775

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:
5016 Walnut /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town 5016 Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5016 Walnut 8
(If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Charlotte Lenore Gray

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Female / 5. Color or race "white"

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Howard E. Gray

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

7. Birth date of deceased September 28 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1945 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 11/8, 1945, to 11/21, 1945;
that I last saw h. alive on 11/16/45 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>24 23</u>	hr. min.

Immediate cause of death Coronary Thrombosis Duration 1 year

Due to Arterio-sclerosis

Due to Arterial Hypertension 5 years

Other conditions Arterial Hypertension
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home,

11. Industry or business X

12. Name Hughes,

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

14. Maiden name unknown,

15. Birthplace unknown,
(City, town, or county) (State or foreign country)

Major findings:
Of operations 94a

Of autopsy 94a

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

16. (a) Informant Hugh McIndoe,

(b) Address 5529 Wornall Road, K. C., Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-23-45
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-21-45 (Date received local registrar) (b) Theraltine Holmes (Registrar's signature)

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)
(2) Means of injury 0

23. Signature Edward S. Stine (M. D. or other)
Address 1500 Prof. Bldg. Date signed _____

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

Dr. Harbinger
1415

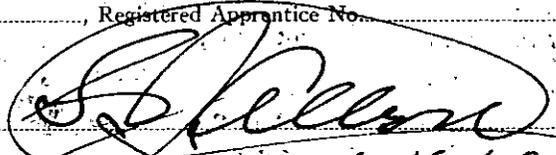
STATEMENT BY LICENSED EMBALMER

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.

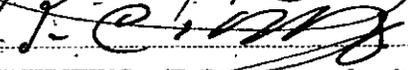
Signed



Licensed Embalmer No.

1415

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.