

**FILED** DEC 28 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days - 11 Hrs 28 Min  
(Specify whether years, months or days)  
In this community 3 Days - Hrs 11 - 28 Min

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Urich, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dwight Lee Garey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 23 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bakersfield, Calif. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Leo Raymond Garey  
13. Birthplace Appleton City, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Bernice Gregg  
15. Birthplace Creighton, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Father Leo Garey

(b) Address Urich, Mo.

17. (a) Burial (b) Date thereof Dec 15th 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urich Missouri

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Missouri

19. (a) 12-14-45 (b) Staldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - day 13  
year 1945 hour 10 minute 13/P.M.

21. I hereby certify that I attended the deceased from 12-10-1945 to 12-13-45, 19\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Congenital Heart Lesion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1572  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 1624 Prof Rd. Date signed 12-13-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Chas E. Welks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.**