

**FILED JUL 2 1946**

Registration District No. 17

Primary Registration District No. 1002

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town 2700 Tracy  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Krestwood Home 2700 Tracy 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
 In this community 60 years

**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")  
 (d) Street No. 123 So. Jackson 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

**3. (a) PRINT FULL NAME** MARY JANE LAY  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 15 year 1946 hour 10 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from June 1 1946, to June 15 1946  
 that I last saw her alive on June 15 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife Harry Lay (Deceased)  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Sept. 13 1885 1864  
(Month) (Day) (Year)

Immediate cause of death Tuberc pneumonia  
 Due to ~~\_\_\_\_\_~~  
 Due to Senilit

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>29</u>	<u>27</u>	hr. <u>7</u> min.

Other conditions Senilit  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 108  
 Of autopsy 108

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

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

10. Usual occupation Home  
 11. Industry or business Home  
 12. Name William Coverley  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Lightfoot  
 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. C. Coverley  
 (b) Address 609 Porte Cima Pas  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1946  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Washington Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Wilks Funeral Home  
 (b) Address 2315 Linwood K. C. Mo  
 19. (a) 6-17-46 (Date received local registrar)  
 (b) Sheraldine Holman (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature M. W. Wyatt (M. D. or other)  
 Address 5500 Prospect Date signed \_\_\_\_\_

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

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**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. Wright* .....

Licensed Embalmer No. *2644* .....

P. O. Address. *W.C.M.O* .....

**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.**