

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 State File No. 27321
Registrar's No. 3499

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:
1114 West 18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 month years, months or days)

3. (a) PRINT FULL NAME Pleze W. Ray
3. (b) If veteran, name war None
3. (c) Social Security No. 453-07-7639

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sally Ray
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Aug 23 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>11</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name James Ray

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

14. Maiden name Mary Jane Stewart

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

16. (a) Informant Mrs. Sally Ray

(b) Address Long Beach, Calif.

17. (a) Burial (b) Date thereof 8-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mapel Hill Cemetery

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 8-13-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 West 18th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1946 hour 10:20PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Phenol Poisoning Duration _____
Deputy Coroner

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 163 P: 2

Major findings: Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Aspirin
(b) Date of occurrence 8/8/46
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
N.C.H.

While at work? No (Specify type of place) _____

(e) Means of injury Poison

23. Signature D. E. Wesper (M. D. or other) _____

Address 2808 Main Date signed 8/13/46

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

26 JUL 1946

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..... *Blaine E. Weiler*.....
Licensed Embalmer No..... *4075*.....
P. O. Address..... *K.C. 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.