

S. No. 2  
—12-45  
5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 27 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1292

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 228

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: Polyclinic Hosp. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

In this community 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kans. City Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2004 Penn  
(If rural, give location)

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

3. (a) PRINT VIRGINIA MAY RAY  
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1947 hour 11 minute 100 A.M.

21. I hereby certify that I attended the deceased from Jan 12  
1947 to Jan 16 1947  
that I last saw her alive on Jan 16  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband O. B. Ray 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 18 1895  
(Month) (Day) (Year)

Immediate cause of death

Due to chronic nephritis

Due to \_\_\_\_\_

Other conditions Diabetes  
Hypertension

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Col.

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? \_\_\_\_\_

23. Signature Dr. R. J. ... (M. D. or other) \_\_\_\_\_  
Address 2301 Summit Date signed 1/17/47

8. AGE: Years 51 Months 3 Days 28  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Self.

12. Name Galia Bledsoe

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

14. Maiden name Unknown Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. L. E. Peterson

(b) Address 1235 E. 24th N. K. C. Mo.

17. (a) Burial (b) Date thereof 1/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Slope M.K.C. mo

18. (a) Signature of funeral director Korton Smith's Fun. Hme

(b) Address 832 Armour Rd. North Kan. City

19. (a) 1-17-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

Underline the cause to which death should be charged statistically.

**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.....

**Chester L. Flaming**

Registered Apprentice No. **447**

working under my personal supervision.

Signed

*Theron O Smith*

Licensed Embalmer No. **3928**

P. O. Address **838 Armour Rd., NKC 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.**