

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17428

State File No. _____

Registrar's No. **2114**

Registration District No. **149**

Primary Registration District No. **1002**

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:
Trinity Luthern Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4-27-47-5-12-47**
(Specify whether years, months or days)
 In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte** **999**
 (c) City or town **Kansas City** **14**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3801 Wood Ave.** **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No) **2**
 If yes, name country _____

3. (a) PRINT FULL NAME

Daisy Gray

(b) If veteran, name war **none**

(c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Jacob G. Gray**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **September 25 1896**
(Month) (Day) (Year)

8. AGE: Years **50** Months **7** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **St Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James Walker** ?

13. Birthplace **Unknown** ?
(City, town, or county) (State or foreign country)

14. Maiden name **Unice Brown**

15. Birthplace **Missouri** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Jacob G. Gray**
 (b) Address **Kansas City Kansas**

17. (a) **removal** (b) Date thereof **5-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Kansas mt Calvary**

18. (a) Signature of funeral director **R. D. Sutton**
 (b) Address **Kansas City Kansas**

19. (a) **5-13-47** **R. G. Holme**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
 year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **4/23/47** to **5/12/47**, 19____; that I last saw her alive on **5/11/47**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration _____

Due to **Acute + Ch. Myocarditis** ?

Due to **Tuberculosis of Corinnon Bile Duct** ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **Tuberculosis of Corinnon Bile Duct** Of autopsy **1248**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. M. Young** (M. D. or other) _____ Address **1401 S. 9th Blvd** Date signed **5/13/47**

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

MOTHER FATHER

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

M. M. Swisher

Licensed Embalmer No. *3505*

P. O. Address *W. C. Kansas*

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.