S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20967

Registration District No. 749 — Primary Registration District No. 1002 — Registrar's No. 2664

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: ROSEMONT HOSPITAL - 633 EAST ARMOUR (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR (Specify whether

In this community 54 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 633 EAST ARMOUR BLVD. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MRS ELIZABETH GRAY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. JOHN GRAY

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

7. Birth date of deceased MARCH (Month) 4 (Day) 1861 (Year)

8. AGE: Years 86 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name UNKNOWN HILL
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS PRESTON MANGOLD

(b) Address 808 EAST ARMOUR BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20 1947 (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 6-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18TH year 1947 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from February first, 1946 to June 18th, 1947 that I last saw her alive on June 18th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Bronchopneumonia following	6 days
Due to Hemiplegia left side	4 weeks
Other conditions Senility, Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83 D

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2

While at work? (e) Means of injury

23. Signature Rose McGrath (M. D. or other) DO

Address 633 E. Armour Date signed 6-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Rosemont Hospital - [illegible]
11-3

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.