

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

Registration District No. **179** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
In this community **6 weeks**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **RICHARD D. MC CRAY**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elsie Mae** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **January 16, 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **1** If less than one day hr. min.

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

10. Usual occupation **Co. Assesor**

11. Industry or business

MOTHER FATHER

12. Name **Unknown** 9
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Windburn**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Mae McCray**
(b) Address **Taloga, Oklahoma**

17. (a) **Removal** (b) Date thereof **6/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Taloga, Oklahoma**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 42nd St., K. C., Mo.**

19. (a) **6-18-47** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Oklahoma** (b) County **999**
(c) City or town **Taloga** **34**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No) **2**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1947** hour **2** minute **15** P.M.

21. I hereby certify that I attended the deceased from **May 10**, 19**47** to **June 17**, 19**47**
that I last saw h.l.m. alive on **June 17**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism 15 min.
Due to **abdomino-perineal resection for Carcinoma of Rectum over 12yr.**
Other conditions **40 yr.**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Rectum**
Of operations
Of autops **Pulmonary Embolism**

Duration
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?

While at work (Specify type of place) (e) Means of injury
23. Signature **J. S. Cape** (M. D. or other) **M.D.**
Address **Kansas City, Mo.** Date signed **6/18/47**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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: