S. No. 2
—1/47
5-17-39

31403

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3958

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 GEN'L HOSP #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether
In this community 8 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JACKSON 48
(c) City or town KANSAS CITY, MO. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 WABASH 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME OPHELIA RAYFORD
3. (b) If veteran, name war NO VETERAN
3. (c) Social Security No. DONT KNOW
4. Sex FE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PAUL RAYFORD
6. (c) Age of husband or wife if alive DONT KNOW years
7. Birth date of deceased JAN (Month) 12 (Day) 1898 (Year)

8. AGE: Years 49 Months 8 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) LA. 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name PINK HUDSON
13. Birthplace (City, town, or county) LA. 1 (State or foreign country)
MOTHER
14. Maiden name DONT KNOW
15. Birthplace (City, town, or county) DONT KNOW 9 (State or foreign country)
16. (a) Informant PAUL RAYFORD JR.
(b) Address 1604 WABASH, K C MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation MONTICELLO, ARK
18. (a) Signature of funeral director Hugin & Greenstreet
(b) Address 1819 E. 15 K C MO.
19. (a) 9-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 1947 hour 9 minute 3-9 A.M.
21. I hereby certify that I attended the deceased from Deputy Coroner 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 Apoplexy
Due to Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations
Of autopsy No Permit

Duration

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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~) D.C.
Address 2636 Brook Gr. Date signed 9-16-47

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

WRITE PLAINLY—USING 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. W. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15, Ke, W

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.