S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38367

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4600

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

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 4106 Bell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 4106 Bell Stl
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ellen Francis Pray
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fe.
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 11 (Day) 1865 (Year)

8. AGE: Years 82 ~~81~~ Months 6 Days 21 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation housewife
11. Industry or business At home
FATHER
12. Name No record
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Leona Frank
(b) Address 4106 Bell St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kans.
19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 8-11-47, 19, to 11-2-, 1947
that I last saw her alive on 10-20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis Cardiac failure	short
Due to Senility	
Due to Arenia terminal Fecal impaction	2 wks southern
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Hour
Of autopsy Hour

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 0
23. Signature Eugene C Black (M. D. or other) MD
Address 1228 Prof Bldg Date signed 11/3/47
Kc Mo

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

Dr. Eugene Black
Prof. Biology.
V12463

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Munson Kans.

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.