

FILED JAN 2 1949

5342

Registration District No.

Primary Registration District No. **1002**

Registrar's No.

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: **1909 E. 39TH STREET**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 41**
(c) City or town **KANSAS CITY 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1909 E. 39TH STREET 4**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **HATTIE DEBORAH BRAY**

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 **MARRIED**
6. (b) Name of husband or wife **MR. GEORGET. BRAY** 6. (c) Age of husband or wife if alive **90** years
7. Birth date of deceased **JULY 26 1858**
(Month) (Day) (Year)

8. AGE: Years **89** Months **4** Days **21** If less than one day hr. min.

9. Birthplace **DEORITZ - ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **UNKNOWN**

MOTHER FATHER { 12. Name **UNKNOWN**
13. Birthplace **UNKNOWN 9**
14. Maiden name **UNKNOWN DEBORAH**
15. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **JANIE BRAY 1**
(b) Address **1909 E 39TH ST KC, MO**

17. (a) **Burial** (b) Date thereof **12-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **D. W. Newberry Sons**
(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **12-20-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER 17TH**
year **1947** hour **8:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 30 1946** to **Dec. 17 1947**
that I last saw her alive on **Dec. 17 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **24 hrs.**
arteriosclerotic heart disease **5 years**
Due to **Renovascular arterial sclerosis** **10 years**

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **938**
Of autopsy _____
PHYSICIAN _____
Underline the cause of death which 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 **Herbert Shively M.D.**
Address **3903 Brooklyn** Date signed **12-18-47**

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

FEB 17 1948

3903
2.5
Kirkley Ave.
Missouri

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 Elmer Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.