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 FEB 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 4737

Registrar's No. 557

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether
In this community 40 years
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")

(d) Street No.: 609 Cypress 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: MRS. GRACE P. BRAY

3. (b) If veteran, name war: XX

3. (c) Social Security No.: 500-22-6250

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Harry C. Bray

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

7. Birth date of deceased: July (Month) 24 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	13	hr. min.

9. Birthplace: Osceola (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Saleslady

11. Industry or business: Kessel Ladies Ready-to-Wear

FATHER
12. Name: Daniel Perrin
13. Birthplace: (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Grace Sanders
15. Birthplace: (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Wm. S. Bray
(b) Address: 614 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City Mo

19. (a) 2-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1948 hour 3: minute 28 A M.

21. I hereby certify that I attended the deceased from 8-11- 1947 to 2-6- 1948 that I last saw her alive on 2-6- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Acute cardiac failure	30 min
Due to: Chronic Hypertensive heart disease	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none 93d
Of autopsy: as above

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) 0

While at work? (e) Means of injury

23. Signature: Thos. C. McHale M.D. (M.D. or other)

Address: 4620 Independence Date signed 2-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4620 Indepen
64-5750

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City 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.