

FILED MAR 20 1948/49
Registration District No. _____

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether)

In this community 63 YEARS
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1909 EAST 39TH STREET
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. GEORGE THACHER BRAY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8TH
year 1948 hour 2 minute 04 A.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. HATTIE DEBORD BRAY

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

7. Birth date of deceased: MARCH (Month) 2 (Day) 1857 (Year)

21. I hereby certify that I attended the deceased from Feb. 28, 1948, to March 8, 1948
that I last saw him alive on March 7, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 0 Days 6

If less than one day: _____ hr. _____ min.

Immediate cause of death: acute intestinal obstruction Duration 3 days

9. Birthplace: YARMOUTH PORT MASSACHUSETTS
(City, town, or county) (State or foreign country)

Due to Cancer of Cecum 2 yrs.

Due to _____

10. Usual occupation: RETIRED

Other conditions (Include pregnancy within 3 months of death) 402

11. Industry or business: BOOKKEEPER

Major findings: Cancer of Cecum

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name: GORHAM BRAY

13. Birthplace: YARMOUTH PORT MASSACHUSETTS
(City, town, or county) (State or foreign country)

14. Maiden name: NANCY THACHER

15. Birthplace: MASSACHUSETTS
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs ANNIE M. BRAY

(b) Address: 1909 EAST 39TH STREET

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof: MARCH 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FOREST HILL CEMETERY

(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? Y

18. (a) Signature of funeral director: A. M. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLVD

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 3-10-48 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

23. Signature: Herbert Shway (M. D. or other) M.D.
Address: 3903 Brooklyn Date signed: 3-8-48

3903 Broadly Lane

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 *D. D. Noflinger*
Licensed Embalmer No. *3938*
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.