

No. 300
-10-47
5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 24 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12591
Registrar's No. 1627

Primary Registration District No. 1002

48
33
8
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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community About 40 years
years, months or days

3: (a) PRINT FULL NAME Janie Sarah Gray
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Fe. ♀ 5. Color Col race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Webster Gray
6. (c) Age of husband or wife if alive deceased years 1896
7. Birth date of deceased Oct. (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 8
If less than one day hr. min.

9. Birthplace Marrilton Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Greene Roberts
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lora Gray
15. Birthplace Wark
(City, town, or county) (State or foreign country)

16. (a) Informant Rascal White, Jr.
(b) Address 1228 Michigan

17. (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highlands

18. (a) Signature of funeral director Abdus Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 4-17-48 (b) Sheldine Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
year 1948 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from Apr 15 to Apr 15, 1948
that I last saw her alive on Apr 15 and that death occurred on the date and hour stated above.

Immediate cause of death Hysterectomy
Due to Hysterectomy 5 day
Due to

Other conditions embolism
(Include pregnancy within 3 months of death) 500

Major findings: uterine fibroid
Of operations Port of adhesions
Of autopsy

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 M.D.
23. Signature W. E. ...
Address 1612 9-12 Date signed

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

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. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.