FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 23204

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 26 Days (Specify whether

In this community 44 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence (If outside city or town limits, write "RURAL") 4

(d) Street No. 1042 West Orchard (If rural, give location) 5

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE ELI DE TRAY

3. (b) If veteran, name war ----------

3. (c) Social Security No. ----------

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Agnes Fern DeTray

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August (Month) 25, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	24	hr. min.

9. Birthplace Grand Rapids, Michigan (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business Plating Works

FATHER

12. Name Albert C. DeTray

13. Birthplace No Data (City, town, or county) (State or foreign country) 9

MOTHER

14. Maiden name Adaline F. Gould

15. Birthplace No Data (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Agnes Fern DeTray

(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 7-21-48 (Date received local registrar) (b) [signature] (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th, year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Apr. 8, 1948 to July 19, 1948, that I last saw him alive on July 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphosarcoma	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Chas. F. Grabske (M. D. or other)

Address CHAS. F. GRABSKE, M. D. Date signed 7/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Nat'l. Bank Bldg. INDEPENDENCE, MO.

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missou

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.