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FILED NOV 20 1948

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4431

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:
3430 Wabash /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community 60 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME JOHN EVANS BRAY

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary McCall Bray

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 24 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 3 7 hr. min.

9. Birthplace Mendon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary-Treasurer (Retired)

11. Industry or business Internat'l Sheet Metal Workers

12. Name John H. Bray

13. Birthplace No Record Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Laura Durfee

15. Birthplace No Record Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary McCall Bray

(b) Address 3430 Wabash, K.C. Missouri

17. (c) Burial (b) Date thereof 11/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 11-1-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3430 Wabash
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1943
10-31 - 1948
and that death occurred on the date and hour stated above
that I last saw him alive on 10-30-1948

Immediate cause of death
Terminal Hypostatic Pneumonia 18hrs
Spontaneity
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) Eugene C. Black
(e) Means of injury _____

23. Signature Eugene C. Black (M. D. or other) MD
Kansas City Mo Date signed 11/1/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Black
1228 Broadway Bldg.

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 *James S. Hubbs*
Licensed Embalmer No. *4092*
P. O. Address *Missouri, Kan.*

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.