

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30287**  
**3776**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>527 Brooklyn</b>		d. STREET ADDRESS (If rural, give location) <b>527 Brooklyn</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle)	c. (Last) <b>Gray</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1 1949</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 16 1888</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rubber Stamp Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Leipsner Stamp</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andrew Gray</b>		
13b. MOTHER'S MAIDEN NAME <b>Nannie House</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-09-0490</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Gray</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of mandible</b>		<b>unknown</b>
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1967</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>5-20</b> 19 <b>49</b> , to <b>9-1</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9-1</b> , 19 <b>49</b> , and that death occurred at <b>5:45 pm</b> , from the causes and on the date stated above.				
23a. SIGNATURE OF PHYSICIAN <b>John G. Henery</b>		23b. ADDRESS <b>500 Bryant Bldg</b>		23c. DATE SIGNED <b>9-2-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>9-3-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>
24d. LOCATION (City, town, or county) (State) <b>Macon Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.H. Blackman &amp; Son, Inc</b>		
DATE REC'D BY LOCAL REG. <b>9-2-49</b>		REGISTRAR'S SIGNATURE <b>Thelma Holmes</b>		ADDRESS <b>Kansas City</b>

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W D Blackman .....

Licensed Embalmer No. 3639 .....

P. O. Address K C 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.