

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27189**
3307

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3118					
d. FULL NAME OF HOSPITAL OR INSTITUTION 623 Euclid, Riddle Rest Home				d. STREET ADDRESS (If rural, give location) 1225 Washington							
3. NAME OF DECEASED a. (First) JAMES (Type or Print)		b. (Middle) -		c. (Last) WRAY		4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Feb. 27, 1879					
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hour _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Salesman			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Unknown					
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ---				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rev. Dean Sprouse, Grace & Holy Trinity			ADDRESS ---			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Treated at Gen. Hays				INTERVAL BETWEEN ONSET AND DEATH 7955			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION no known Abnormalities			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Hugh H. Owens Coron. (Specify degree or title)				23b. ADDRESS 1034 Oakto Bldg		23c. DATE SIGNED 8-7-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) K. C. Mo.					
DATE REC'D BY LOCAL REG. 8-2-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *S J Allen*

Licensed Embalmer No. *1415*

P. O. Address *K C Ho*

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.