

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>1819</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>JACKSON</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (in this place)<br><u>About 20 yrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>621 CHARLOTTE</u>                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>  |  |   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>JACK</u>  |  | b. (Middle) _____  |  | c. (Last) <u>RAY</u>  |  |
| 4. DATE OF DEATH  |  | (Month) <u>APRIL</u>  |  | (Day) <u>20</u>  |  | (Year) <u>1951</u>  |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>NEGRO</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>  |  | 8. DATE OF BIRTH <u>SEPTEMBER 14 1900</u>   |  |
| 9. AGE (In years last birthday)   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>LABORER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 9. AGE (In years last birthday) <u>50</u>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>NOT TOWN Trenton, Tenn.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |  |   |  |
| 13a. FATHER'S NAME<br><u>Simuel Eyer</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maggie Johnson</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Elizabeth Ray</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>510-05-2888</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>JUANITA BRICE</u> ADDRESS <u>621 Charlotte Street</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT PROBABLY HEMORRHAGE</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) slating the underlying cause last.</u><br><br>DUE TO (b) <u>HYPERTENSIVE VASCULAR DISEASE</u><br><br>DUE TO (c) _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>3 1/2</u>                                |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) _____   |  | 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 <u>4-20</u> <u>1951</u> , to <u>4-20</u> , 19 <u>51</u> that I last saw the deceased alive on <u>4-20</u> , 19 <u>51</u> and that death occurred at <u>9:05A</u> m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>  |  |   |  | 23b. ADDRESS <u>600 East 22nd Street</u>   |  | 23c. DATE SIGNED <u>4-23-51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>4/26/51</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO.</u>               |  |
| DATE REC'D BY LOCAL REG. <u>4-26-51</u>   |  | REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Esteban Billa</u>  |  | ADDRESS <u>1212 Vine</u>  |  |

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed E. Sterling Billa

Signed.....  
Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City

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.