

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

=60-030450

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4345

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Mo.		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4906 Park		Length of stay in 1b 75 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4906 Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JULIA		Middle L.		Last BRAY		Month 8 Day 23 Year 60	
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George F. Voth			13b. MOTHER'S MAIDEN NAME Mary C. Meyer		14. NAME OF HUSBAND OR WIFE John B. Bray		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Eugene B. Bray, 4906 Park, K.C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary Embolus						2 wks	
DUE TO (b) Arterio Sclerotic Heart Disease						years	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 12:45 a.m. p.m.	Month, Day, Year Aug. 5, 1960						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Aug. 5, 1960 to Aug. 23, 1960 and last saw her Aug. 22, 1960 alive on Aug. 22, 1960 . Death occurred at 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. H. Slentz, M.D. (Degree or title)				22b. ADDRESS 4620 Nichols Rd. K.C. Mo.		22c. DATE SIGNED 8-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City (State) Mo.		
24. FUNERAL DIRECTOR Wagner Funeral Homes, K.C. Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 8-24-60		26. REGISTRAR'S SIGNATURE H. S. Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **A. Slentz**

File 5-17-71.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Hausche

Licensed Embalmer No. 4159

P. O. Address R. E. 7A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.