V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15788

State File No. 2097

FILED JUN 1 1945

Registration District No. 1499

Primary Registration District No. 1002

Registrar's No.

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: In Ravine of Swope Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2202 East 30th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James L. BRAY
3. (b) If veteran, name war 2nd World War
3. (c) Social Security No. 495-09-5004.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Lee Bray
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased January 6th, 1918 (Month) (Day) (Year)

8. AGE: Years 27 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Discharged Soldier (USA)
11. Industry or business Formerly Truck Driver

MOTHER FATHER
12. Name Thomas Leo Bray
13. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
14. Maiden name Jennie Victoria Berglund
15. Birthplace Lexington, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Jennie V. Bray, Mother
(b) Address 2202 East 30, K.C.Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14/45. (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas.
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address K. C. Mo.
19. (a) 5/14/45. (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1945 hour about minute 2:30 P. M.
21. I hereby certify that I attended the deceased from ____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound of Heart
Due to: Self Inflicted
Due to:
Other conditions: none
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operations None 1640
Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 5/12/45
(c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Gunshot

23. Signature [illegible] (M. D. or other)
Address Kansas City Mo Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1945

JUL 9 1945

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 Russell M Frame

Licensed Embalmer No. 4255

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.