V. S. No. 2
0M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5515

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 740

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

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: 2107 East 16th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 22 years
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. 2107 East 16th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 600 George Washington Gray

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Birdie Gray 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 4 (Month) 1871 (Day) (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Brinkley (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Retired Bank Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Allener Gray
(b) Address 2107 East 16th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) Feb. 19, 1940 (Date received local registrar) (b) Mo M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1940 hour 2 minute 05P M.

21. I hereby certify that I attended the deceased from Nov 27-39 1939, 19__, to Feb 18, 1940
that I last saw her alive on Feb 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. W. Crowe (M. D. or other)
Address 1705 E. 12 Date signed Feb 17 40

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Monlove

Licensed Embalmer No. 5994

P. O. Address 1120 E. 23rd St.

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, above space should be left blank.