DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24052

Primary Registration District No. 1002

Registrar's No. 2662

1. PLACE OF DEATH:
(a) County Jackson 3
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since June 5 1940 (Specify whether years, months or days)
In this community 20 years

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. 2820 East 79th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Martha Christine Gray 600
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas D Gray
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Jan. 8 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	21	____ hr. ____ min.

9. Birthplace Troy Alabama (City, town, or county) (State or foreign country)
10. Usual occupation House-Wife 7
11. Industry or business
FATHER
12. Name Hans Charleston 1
13. Birthplace (City, town, or county) France (State or foreign country)
MOTHER
14. Maiden name Christine Crowe
15. Birthplace (City, town, or county) Alabama (State or foreign country)
16. (a) Informant's own signature Charles Gray
(b) Address 2820 East 79th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City Mo
19. (a) July 2 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1940 hour 7 minute 8 A.M.
21. I hereby certify that I attended the deceased from June 22 1940, 19__, to June 29, 1940 that I last saw her alive on June 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Due to 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 1
23. Signature H P Lawrence (M. D. or other)
Address 620 S. Cherry Date signed 6/30/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X19511

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 Alvin R Haunschild

Licensed Embalmer No. 4159

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, above space should be left blank.