

Registration District No. 399

Primary Registration District No. 1062

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:
On Street Car at 75th & Wornall Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 19 Years 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. William Gray Pike

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Mary Dye Pike 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 31 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 17 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business K.C. Water Department

12. Name Reuben S. Pike

13. Birthplace Eastport Maine
(City, town, or county) (State or foreign country)

14. Maiden name Mildred A. Anderson

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Chas G Pike

(b) Address Butler mo

17. (a) Burial (b) Date thereof Oct. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10/20/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 412 West 47th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1931 19 Aug 19 9/1
that I last saw alive on Aug 15 19 9/1
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to 94a

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 _____
23. Signature W. G. Williams (M. D. or other) _____
Address 2612 N. Broadway Date signed 10/20/41

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

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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..... *H.C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address..... *H.C. Newcomer*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.