

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4708**

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: 24 E. Linwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 24 E. Linwood **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Marie R. Gay

3. (b) If veteran, None
name war None

3. (c) Social Security No. None

4. Sex Fe **3**
5. Color Col
6. (a) Single, widowed, divorced, 1

6. (b) Name of husband or wife William H. Gay
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 5 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business John Randolph

MOTHER FATHER { 12. Name John Randolph

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant William H. Gay

(b) Address 24 E. Linwood

17. (a) burial (b) Date thereof 12/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkins Bros
1729 Lydia

(b) Address 1729 Lydia

19. (a) Dec. 18 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 41
hour 9:30 minute 30 M.

21. I hereby certify that I attended the deceased from 12/15/41 to 12/15/41 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to atherosclerosis

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations 93d
Of autopsy 93d

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr. J. W. Jones **3**
Address _____ Date signed _____
(Specify type of place) (e) Means of injury

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

8
3
8

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.....

J. James Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.