

S. No. 2
 BM-542
 v. 5-17-39
 W-1 X32873

36218

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4344

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 17 days
(Specify whether years, months or days)
 In this community 36 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. 1700 Wabash K.C. Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

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 11-3-42

3. (a) PRINT FULL NAME Mrs. Gertrude Hatten Gray
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 20th
 year 1942 hour 9 minute 25 A.M.
 21. I hereby certify that I attended the deceased from 11-3-42, 19... to 11-20-42, 19...
 that I last saw her alive on 11-20-42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mr. Orr S Gray
 (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased: April 18 1868
(Month) (Day) (Year)

Immediate cause of death
Strangulated femoral hernia with intestinal obstruction

8. AGE: Years Months Days If less than one day
74 7 2 hr. min.

Duration
12 20'

9. Birthplace Albia Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

Other conditions
(Include pregnancy within 3 months of death)
 Major findings: See above
 Of operations -----
 Of autopsy None

MOTHER FATHER {
 12. Name Lee Thomas Hatten
 13. Birthplace Greenburg Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Henrietta LaMaster
 15. Birthplace Point Pleasant West Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
None

16. (a) Informant Orr S Gray
 (b) Address 1700 Wabash
 17. (a) Burial (b) Date thereof Nov 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of cremation Floral Hills Cemetery

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 -----

18. (a) Signature of funeral director O. A. Newcomer's son
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-23-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature W. C. Stone (M. D. or other)
 Address Med. Dir. K. J. Gen. Hospital Date signed 11-21-42

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.