

FILED DEC 29 1942

Registration District No. 177

Primary Registration District No. 5-3-6-9

Registrar's No. 91

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

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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:
4810 Park Drive East Wood Hills
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 20 yrs (Specify whether 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. 4810 Park Drive East Wood Hills
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lester Iverson Gray

3. (b) If veteran, name war None 3. (c) Social Security No. 486-07-5869

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

6. (b) Name of husband or wife Amy Gray 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 17 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Belmont Wisc.
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Stewart Sand Co.

MOTHER FATHER { 12. Name Eugene Gray

13. Birthplace Binghampton New York
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Catherine Lillich

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

16. (a) Informant Amy Gray

(b) Address 4810 Park Drive

17. (a) Removal (b) Date thereof Nov 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desota Kansas

18. (a) Signature of funeral director Mrs C.L. Forester

(b) Address 918 Brooklyn Kas. City Mo.

19. (a) Nov 14 1942 (b) Mrs A.E. Larson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis with myocardial fibrosis
Due to.....

Due to..... 93d

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations.....
Of autopsy See above

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?.....

While at work (Specify type of place) (e) Means of injury.....

23. Signature D.E. Washer M.D. (M. D. or other)
Address 23rd McCoy Date signed 11/27/42

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 Theron A. Redman.....

Licensed Embalmer No. 2737.....

P. O. Address N.E. 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, fact should be so stated above.