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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 17 1946

STANDARD CERTIFICATE OF DEATH

13491

State File No. 13491

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11 north Douglas St.
(If not in hospital or institution, write street number or location)

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

In this community 75 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 4139 Woodland 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Susan O. Gray

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H. L. Gray

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Aug (Month) 2 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 18 If less than one day — hr. — min.

9. Birthplace Jackson County Mo. (City, town, or county) (State or foreign country) 11

10. Usual occupation Home Work

11. Industry or business Home

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant O. F. Belt

(b) Address Lees Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah K.C. Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lees Summit Mo

19. (a) 2-22-46 (Date received by local registrar) (b) Sara G. Bone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Feb. 20, 1946 that I last saw her alive on Feb. 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 wks
Due to	
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

23. Signature Clint L. Miller (M. D.)

Address Lees Summit Mo. Date signed Feb 22 '46

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(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.