

FILED NOV 20 1946

State File No. ....

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 4654

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

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Menorah Hospital

(d) Length of stay: In hospital or institution 5 days

In this community as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 221 E. 34th

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Baby Gray (girl)

(b) If veteran, name war no.

(c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1946 hour 10 minute 0 A.M.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: November 1946

21. I hereby certify that I attended the deceased from November 1, 1946 to Nov 6, 1946

that I last saw her alive on Nov 6, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death: Ataxiatasis Anorexia

Duration: 2 days

8. AGE: Years Months Days If less than one day

5 hr. min.

Due to

Due to

Other conditions: 1612

(Include pregnancy within 5 months of death)

9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: infant

Major findings: Of operations

Of autopsy: Ataxiatasis - Anorexia

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business: X

12. Name: W. Anthony Gray

13. Birthplace: Tennessee

14. Maiden name: Mable Lee Todd

15. Birthplace: Tennessee

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? no

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

16. (a) Informant: G. S. Lewis

(b) Address: 1301 Oak St., Kansas City, Mo.

17. (a) cremation (b) Date thereof: 11-7-46

(c) Place: burial or cremation: Elmwood Cemetery

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

23. Signature: Robert C. Surdyk MD

Address: 5509 Brookside Blvd Date signed: 11/6/46

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) 11-6-46 (b) M. M. Holmes

(Date received local registrar) (Registrar's signature)

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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.....

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.**