

FILED MAR 10 1947
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 931

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

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:
1807 E. 13th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
in this community About 20 years
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. 1807 E. 13th.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Gray

3. (b) If veteran, name war no. 3. (c) Social Security No. None

4. Sex Female 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February - 22 - 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 45 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

12. Name Benjamin Gray

13. Birthplace W. Va.
(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 Inez Stewart Gray

(b) Address 1807 E. 13th St.

17. (a) Burial (b) Date thereof 3/1/'47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Stuebing Belle

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 3-1-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1947 hour 8 minute 19 M.

21. I hereby certify that I attended the deceased from Dec 15, 1946 to Feb 26, 1947 that I last saw him alive on Feb 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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 _____ M.D. or other _____
Address 1612 E 17th St Date signed 3/28/47

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

E. Sterling Bells

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City

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.