

FILED DEC 15 1947

Registration District No. 199

State File No. 38513
Registrar's No. 5127

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
511 1/2 Missouri AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Dont know (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ray, WINN.
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NETRO 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 Dont know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 61 _____ hr. _____ min.

9. Birthplace Dont know
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Dont know

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

14. Maiden name Dont know

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

16. (a) Informant Jackson Coroner records

(b) Address 418 E 13 St. K.C. MO

17. (a) Anatomical (b) Date thereof 10-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. osteopathy school

18. (a) Signature of funeral director B. Brady Brown

(b) Address 1708 J. acci

19. (a) 12-5-47 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 639 C Haralotte AVE
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1947 hour _____ minute 9 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to Hypertensive Heart Disease
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death) 930

Major findings:
Of operations _____

Of autopsy no - Perint

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 Williams (M. D. or other) G.P.

Address: 2636 Bond St Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-4-47

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.....

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.