

FILED JUL 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23188

State File No. _____

Registrar's No. 2779

Registration District No. 149

Primary Registration District No. 1002

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: Trinity Lutheran I
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 1794's
 (Specify whether years, months or days) 4 days

3. (a) PRINT FULL NAME

Ray Wax3. (b) If veteran, name war no3. (c) Social Security No. none

4. Sex MD 5. Color or race Wh 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Margaret Wax 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased 3 (Month) 20 (Day) 1904 (Year)

8. AGE: Years Months Days If less than one day
44 3 13 hr. min.

9. Birthplace Cherokee Co, Ks (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER, FATHER { 12. Name HENRY SAMUEL WAX
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
 14. Maiden name MAE MAY VANDERGRA
 15. Birthplace Cherokee Co, Ks (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wax

(b) Address Spring Hill, Ks

17. (a) Removed (b) Date thereof 7-3-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill, Ks

18. (a) Signature of funeral director J. H. [unclear]

(b) Address Spring Hill, Ks

19. (a) 7-5-48 (b) Gertrude Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Maine
 (c) City or town Spring Hill (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Trinity St NW of Spring Hill
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28
1948, to July 3rd, 1948
 that I last saw him alive on July 3, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of
Cranial base
 Due to hemorrhage of Arachnoid
 Duration 7 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
 Of operations None
 Of autopsy None
 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) Means of injury D

23. Signature Carl R. [unclear] (M. D. or other)
 Address 169 North E. C. Mo. Date signed 7-3-48

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

Body being removed to Victoria, British Columbia, Registered Apprentice No. _____
Spring Hill, Kan. for embalming
working under my personal supervision.

Signed

J. A. Wilcox

Licensed Embalmer No.

1929

P. O. Address

Spring Hill, Kan.

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.