

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 500

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Springfield</u>            |  | c. CITY OR TOWN <u>Kansas / City 2178</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Johns Hospt</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>2005 E. Ninth St.</u>   |  |
| Length of stay in lb<br><u>1 6 Mon 2 Idys</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>CURLEY</u> Middle <u>GRAY</u> Last <u>GRAY</u>                             |                               |   | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>30</u> Year <u>56</u> |   |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept '10 1898</u>                        |   | 9. AGE (In years last birthday) <u>57</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Frisco R.R. employee</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>Milford Texas</u>  |   |
| 13. FATHER'S NAME<br><u>Sam Gray</u>   |                               |   | 14. MOTHER'S MAIDEN NAME<br><u>Mattie Simms</u>                 |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>      |                               | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT Address<br><u>Mrs. Helen Gray 2005 E. 9th K.C. Mo</u> |   |

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|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20-30 mos</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                             |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)<br><u>Lytic arthritis</u>    |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m.<br>Month, Day, Year _____  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |  |
| 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE   |  |
| 21. I attended the deceased from <u>10-5-56</u> to <u>5-30-56</u> and last saw <u>her</u> alive on <u>5-30-56</u><br>Death occurred at <u>8:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Edna Williamson MD</u>  |  | 22b. ADDRESS<br><u>Springfield</u>   |  |
|  |  | 22c. DATE SIGNED<br><u>5-31-56</u>   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>       |  | 23b. DATE<br><u>6 I 56</u>                     |  | 23c. NAME OF CEMETERY OR CREMATORY                  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>H.V. Smith 602 N Jefferson</u> |  | 25. DATE RECD. BY LOCAL REG.<br><u>5-31-56</u> |  | 26. REGISTRAR'S SIGNATURE<br><u>Edna Williamson</u> |  |  |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Herbert V Smith*

Licensed Embalmer No. *40*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.