

Registration District No. 684

Primary Registration District No. 4708

Registrar's No. 25

1. PLACE OF DEATH: **PIKE NOV 9 1939**
(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at Home
In this community 30 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm. C. Gray 600
3. (b) If veteran, no name war
3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie Bentry Gray 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug. 20 - 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St Charles Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lavender

11. Industry or business Lark Practice

12. Name Henry Gray

13. Birthplace Louisiana Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lock

15. Birthplace Summit Point Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nettie Gray

(b) Address Bowling Green

17. (a) Burial (b) Date thereof 9-30-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director W. B. Edmore

(b) Address Bowling Green 616

19. (a) 9-30-1939 (b) W. Summerhall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th year 1939 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Mar. 1st, 1939, to Sept. 28th, 1939; that I last saw him alive on Sept. 26th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 7 years

Due to _____

Due to _____

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

Major findings: Of operations none

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 James B. Biggs (M. D. or other) _____
Address Bowling Green, Mo. Date signed 9/29/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1854

Date Filed NOV 3 1939

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.....

W. B. Elmore

Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. B. Elmore

Licensed Embalmer No.....

3466

P. O. Address.....

Bowling Green

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, above space should be left blank.