

Registration District No. 347Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HENRY 1
(b) City or town CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME

Fred Blaine Gray3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 6 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Calhoun Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John E Gray 1
13. Birthplace Ohio 0
(City, town, or county) (State or foreign country)
14. Maiden name Laura E. Johnson
15. Birthplace HENRY MO Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Florence Gray(b) Address Bureau17. (a) Bureau (b) Date thereof 11-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood18. (a) Signature of funeral director Ida Wilkerson(b) Address Clinton Mo 31719. (a) 11-27-39 (b) W. J. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles N Clinton Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
1939 11-hour 45 minute P M.21. I hereby certify that I attended the deceased from Nov 16, 1939, to 11-24, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death

Unkelyed peritonitis Duration 10 days
ruptured appendix
gangrenous

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

Major findings:

Of operations Peritonitis
Ruptured appendix
Of autopsy not done

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)

23. Signature Joseph B. Smith (M. D. or other) !
Address Clinton, Mo Date signed 11-25-39

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1632

Date Filed 12-8-39

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 Feed Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton M.

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.