

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

40018
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Jefferson 2 Registration District No. 423
 (b) Township Rock 1 Primary Registration District No. 5578
 (c) City _____ or _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME 600 JAMES A GRAY

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Barbara Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Maloh, Ill. (STATE OR COUNTRY)

FATHER 13. NAME John Gray

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Hitchcock

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Walter J. Gray (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Nov 10 - 1939

19. FUNERAL DIRECTOR (NAME) Helietta Funeral Home (ADDRESS) Kennett, Mo.

20. FILED Nov 10 - 1939 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6th 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov 1, 1939 to Nov 6, 1939
 I last saw him alive on 11-6-1939 Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset _____
92C
 Other contributory causes of importance:
Chol. myocarditis
 Name of operation Cremation Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. J. Kirk M.D.
 (Address) St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
BOM-9-19-38
I X16603

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.....

F. Alton Missey....., Registered Apprentice No. *206*
working under my personal supervision.

Signed *Elmer Hilgtag*.....

Licensed Embalmer No. *3571*

P. O. Address *Kimmswick, Mo.*

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.