

No. 2
-13-40
17-39
X23159

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **184**

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME Alfred Grey
3. (b) If veteran, name war _____
3. (c) Social Security No. made

4. Sex M **5. Color or** W
race
6. (a) Single, widowed, married, Widow
divorced
(b) Name of husband or wife Beatrice Grey
6. (c) Age of husband or wife if 21 years
alive
7. Birth date of deceased Sept 21 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 5
 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retail

11. Industry or business 9

MOTHER FATHER
12. Name Charles Grey
13. Birthplace W.C. W.C.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Thatcher
15. Birthplace W.C. W.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Belle Suggate
(b) Address Fulton, Missouri

17. (a) Burial Burial **(b) Date thereof** July 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Geo. H. Wallace
(b) Address Fulton, Missouri

19. (a) July 26, 1940 **(b)** R. M. Crew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
(If outside city or town limits, write "RURAL")
 (d) Street No. 214 E. 6th Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th,
 year 1940 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Saw him once,
on July 22nd, 1940
 that I last saw him alive on July 22nd, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration

Due to Hypertention, with
Senile arteriosclerosis.

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

PHYSICIAN
 Major findings: No operation
 Of operations _____
 Of autopsy No Autopsy
 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?
106
(Specify type of place)

While at work? _____ (Specify type of place)
 (f) Means of injury _____
23. Signature [Signature] M.D. or other _____
 Address Fulton, Mo. Date signed 7/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Harold J. Christey*
Licensed Embalmer No. *4092*
P. O. Address *Dutton, Me*

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.