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FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28817**

Registration District No. 417

Primary Registration District No. 5021

Registrar's No. 90

1. PLACE OF DEATH

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles J. Grey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Neal B. Grey

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 15, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name John Grey

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Neal B. Grey

(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof Aug 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield Woodlawn

18. (a) Signature of funeral director Webb City Mo.

(b) Address Webb City Mo.

19. (a) AUG. 20. 40 (b) H. B. Tolbert M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 120 N. Persimmon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1940 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 5
1940 to Aug 17 1940
that I last saw him alive on Aug 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Obtunded of the Septicemum illud?
Septicemum illud?
Due to acute illud?

Other conditions Chronic Myocarditis

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

Major findings: Obtunded of the Septicemum illud?
Of operations illud septicemum illud?
Of autopsy acute illud?

Duration _____

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? 377 (Specify type of place) _____

(e) Means of injury _____

23. Signature B. A. Thumshaus (M. D. or other) _____

Address Webb City Mo. Date signed 8/20/40

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

40-9-334

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,912

P. O. Address Wells City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.