

SEP 25 1940

625

3031

Registrar's No. 106

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (c) Name of hospital or institution: 416 N. Walnut
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Years
 In this community 20 Years
 years, months or days

3. (a) PRINT FULL NAME George Granville Gay
 8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Amanda Anderson Gay 6. (c) Age of husband or wife if alive 1848 years
 7. Birth date of deceased Jan. 2, 1848
 (Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Clayton Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____
 12. Name Abel Gay
 13. Birthplace Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Douglas
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mabel Gay
 (b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Aug. 11, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery
 (d) Signature of funeral director John W. Price
Maryville Mo.

(b) Address _____
 19. (a) Aug 11 - 1940 (b) Namie E. Clardy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Nodaway
 (c) City or town Maryville
 (If outside city or town limit: write "RURAL")
 (d) Street No. 416 N. Walnut
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
 year 1940 hour 2 minute 20 a.

21. I hereby certify that I attended the deceased from Oct 20 - 1939
Aug. 9 - 1940, 19 _____;
 that I last saw him alive on Aug 17 - 1940, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure from myocardial degeneration + arterio-sclerosis.
 Due to General Senility

Due to _____
 Other conditions 920
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy ✓

Duration
 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, or farm, in industrial place, in public place?
55th St (Specify type of place) ✓
 While at work _____ Means of injury _____

23. Signature Chas. P. Keel (M. D. or other) _____
 Address Maryville, Mo. Date signed 8/9/1940

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

RECEIVED
District Health Officer No. 11,
District File Number 240-1576
Date Filed SEP 11 1940

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 _____

Licensed Embalmer No. 3229

P. O. Address Maryville 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.