No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35592

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 117

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: Jane Chinn Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville (If outside city or town limits, write "RURAL")
(d) Street No. 100½ Main Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME JESSIE E. GRAY
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ezra Gray
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March (Month) 24 (Day) 1882 (Year)
8. AGE: Years 58 Months 7 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace Butler Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name D. L. Warbington (FATHER)
13. Birthplace Atlanta (City, town, or county) Ga. (State or foreign country)
14. Maiden name Melvina Ward (MOTHER)
15. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Gerald Gray
(b) Address Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation WEBB CITY CEMETARY
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri
19. (a) OCT.29.40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1940 hour 7:00 minute P M.
21. I hereby certify that I attended the deceased from 10-25-40 ~~10-27~~, 1940, to 10-27, 1940, that I last saw her alive on 10-27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Left Heart Failure	2 weeks
Pulmonary edema	1 "
Due to Generalized Arteriosclerosis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~Coroner~~)
Address Webb City, Mo. Date signed 10-28-40

(Licensed Embalmer's Statement on Reverse Side)

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, Mo.....

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

If this body is not embalmed, above space should be left blank.