

S. No. 2  
-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

m = new  
State File No. 36028  
Registrar's No. 346

Registration District No. 668 Primary Registration District No. 8032

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: Bothwell 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 John Edward Gray

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 30 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 5 hr. 15 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Thomas F. Gray Jr.

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

14. Maiden name Edith Bolton

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

16. (a) Informant Thomas F. Gray Jr.

(b) Address 1005 East 17th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Mo.

(b) Address \_\_\_\_\_

19. (a) Oct 31, 1940 (b) Mrs. Harry Sneed  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 E. 17th St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 30  
1940 to Oct 31, 1940  
that I last saw him alive on Oct 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia with aspiration

Due to pneumonia with aspiration of contents of stomach

Due to \_\_\_\_\_

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

Major findings: in  
Of operations \_\_\_\_\_

Of autopsy in

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) in

(b) Date of occurrence in

(c) Where did injury occur? in  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
90 A in  
While at work? in (Specify type of place) (e) Means of injury in

23. Signature Chas. Sneed (M. D. or P. M.)  
Address in Date signed Oct 31/40

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

0  
4  
4

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-17-46

---

---

**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.....

P.O. Address.....

**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.**