

Registration District No. 1012

Primary Registration District No. 5480

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town McFall Rural
 (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 2
 (Specify whether
 In this community 31 yrs
 years, months or days)

3. (a) PRINT FULL NAME MARGERY GRAY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Francis Gray Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1849
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>6</u>	<u>17</u>	hr. _____ min.

9. Birthplace Holmes County Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Newton
 13. Birthplace England
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Gray
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. N. Gray

(b) Address McFall Mo

17. (a) Burial (b) Date thereof Dec 3 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Falls Iowa

18. (a) Signature of funeral director W. H. Noble
 (b) Address New Hampton Mo

19. (a) Dec 3 1940 (b) Mrs. Woodson Reed
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison
 (c) City or town McFall R. D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
 year 1940 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 30
 1940, to Dec 1, 1940

that I last saw her alive on Dec 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration _____
with old age

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature C. P. Bobis (M. D. or other) _____
 Address New Hampton Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should please CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 5311

DEC 12 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 me

....., Registered Apprentice No. 2904

working under my personal supervision.

Signed

W. B. Moller

Licensed Embalmer No. 2904

P. O. Address New Hampton, N.H.

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.