DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7819

Registration District No. 676 Primary Registration District No. 4402 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Newburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Newburg 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William C. Grayson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jennie Grayson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9 (Day) 1857 (Year)

8. AGE: Years 83 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Phelps Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Frank Grayson
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Martha Brown
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant James F Grayson
(b) Address Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 28 (Day) 1941 (Year)
(c) Place: burial or cremation Kaw Tuck Cemetery
18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo
19. (a) 2/28 41 (Date received local registrar) (b) Lee Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Jan, 1941, to , 19 ; that I last saw him alive on Feby 23 - 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Broncho Pneumonia | |
| Due to Influenza | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy None | |

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 R E Brewer (M. D. or other) 0
Address Newburg Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 341421
Date Filed

**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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newbury Me

**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.**

S. No. 2B
0—4-25-41
I X 852

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(b) City or town Newburg
(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 (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wm C. Grayson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb 26 day 1941
year hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to | |
| 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 R. E. Brewer (M. D. or other)
Address Newburg Mo Date signed