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FILED APR 15 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10044  
Registrar's No. 10

Registration District No. 71 Primary Registration District No. 5110A

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Rural Cedar Twp.  
(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 MO (b) County Boone  
(c) City or town Rural - Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. P. F. O. # 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME SHANNON D. Gray  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 - day 5  
year 1941 hour 3 o'clock minute P. 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.

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 21 1881  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to Myocardial Insufficiency  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) AD

8. AGE: Years Months Days If less than one day  
59 11 14 hr. \_\_\_\_\_ min.  
9. Birthplace Boone Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Presto Gray  
13. Birthplace Boone Co MO (City, town, or county) (State or foreign country)  
14. Maiden name Anna Melber  
15. Birthplace Boone Co MO (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Eddie Bell Turner  
(b) Address 414 Wagon Columbia MO  
17. (a) Burial (b) Date thereof Mar. 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Log Providence  
18. (a) Signature of funeral director H. C. Freeman  
(b) Address 628 Park Ave Columbia  
19. (a) April 5, 1941 (b) Fraudes Nichols  
(Date received local registrar) (Registrar's signature)

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?  
73 on farm of neighbor  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Main Meadows (M. D. or other) MD  
Address Columbia, MO Date signed 3/5/41

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

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**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.....  
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave Columbia

**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, fact should be so stated above.**