

FILED JUL 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21619

State File No. 4

Registration District No. 295

Primary Registration District No. 4179

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Sullivan, Mo.  
(c) Name of hospital or institution: At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 20 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Franklin  
(c) City or town Sullivan  
(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. 0 years.

3. (a) PRINT FULL NAME Frank M. Gray,

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July, 4th, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 10 27 hr. min.

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name Chas. Gray,  
13. Birthplace Dent Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Vahn,  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Jonas,  
(b) Address Sullivan, Missouri,

17. (a) \_\_\_\_\_ (b) Date thereof 6-4-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director J. Williams  
(b) Address Sullivan, Missouri

19. (a) 6-4-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st.  
year 1941 hour 10 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Feb 14  
1941, to May 31, 1941,  
that I last saw him alive on May 31, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Induration Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Gastritis (Caterhal)  
(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? \_\_\_\_\_

23. Signature [Signature] (Specify type of physician) D.O.  
Address Sullivan Mo. Date signed 6/3/41

Duration 572  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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

*J. J. Williams*

Licensed Embalmer No. 427

P. O. Address Sullivan, Mo.

**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.**