

FILED AUG 25 1941

Registration District No. **109**

Primary Registration District No. **5-158**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Cedar / mo
(c) Name of hospital or institution:
NewBloomfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All of life (Specify whether years, months or days) !

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town NewBloomfield, Mo.
(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 7 day 25
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from
May 13, 1941, to July 25, 1941;
that I last saw him alive on July 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Valvular Heart Disease

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy 22

Duration

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?

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

23. Signature D. M. [unclear] (M. D. or other) D 144
Address New Bloomfield Mo Date signed 7-25-41

3. (a) PRINT FULL NAME George Louis Gray

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

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

6. (b) Name of husband or wife Ida W. Gray 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 9 2 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 23 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Gray

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

14. Maiden name Mary White

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

16. (a) Informant's own signature Ida W. Gray

(b) Address NewBloomfield, Mo.

17. (a) Burial (b) Date thereof 7 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NewBloomfield.

18. (a) Signature of funeral director Ray C. Hall

(b) Address NewBloomfield, Mo.

19. (a) 7-25-1941 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

