DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32237

Registration District No. 668 | Primary Registration District No. 3032 | Registrar's No. 288

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 708 W Pettis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: 708 W Pettis (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: ETHEL GRAY
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: Female 5. Color or race: Gal 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lonnie Gray (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: 8 (Month) 12 (Day) 1902 (Year)

8. AGE: Years 39 | Months 1 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: Dresden (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: .....
FATHER 12. Name: David Lewis
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Julia Lewis
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs Nettie Moffitte
(b) Address: 216 W Morgan St
17. (a) Dresden Mo (Burial, cremation, or removal) (b) Date thereof: 9 27-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Dresden Mo
18. (a) Signature of funeral director: F D Ferguson
(b) Address: Sedalia
19. (a) 9-27-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 25 year 1941 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from Aug 1, 1941, to Sept 25, 1941, that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Arrest	3 mont
Due to	
Due to: ischemic	
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: H H Gladney (M. D. or other) D
Address: Sedalia Mo Date signed 9/27/41

(Licensed Embalmer's Statement on Reverse Side)

8

RECEIVED
District Health Officer No. 8,
District File Number 10-7-41
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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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Registration District No. 668 Primary Registration District No. 3032 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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 years, months or days)
In this community

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

4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lonnie Gray
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased 8-12-1902 (Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY