

DEC 23 1941 266

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38218

State File No. \_\_\_\_\_

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Rural Springscreek Twp.  
(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 All her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33  
(c) City or town Rural 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Salem, Missouri 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 14, day 14  
year 1941 hour 10:50 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Nov. 11, 1941  
to Oct 11, 1941  
that I last saw him alive on 39 Oct 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive pneumonia Duration 1 wk.  
Chronic bronchitis, falling 5 mos  
cerebral infarction  
Due to: Cardio-vascular condition 2 or more  
years  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: None 13/10  
Of operations: \_\_\_\_\_  
Of autopsy: None  
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Teressa Emma A. Gray  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. none

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

6. (b) Name of husband or wife George Gray 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 12, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	0	2	hr. _____ min.

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

10. Usual occupation At Home

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

12. Name Matthew Leonard 7

13. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Ester Wingfield

15. Birthplace North Carolina 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Elmer

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 10/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director W. E. Spencer

(b) Address Salem, Missouri

19. (a) 10-18-41 (b) A. E. Butler, M.D.  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 11412080

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 \_\_\_\_\_

Licensed Embalmer No. 3806

P. O. Address Salem, Pa.

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.