

FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18274

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
 (b) Township Madison Primary Registration District No. 4203
 (c) City Holden (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John W Gray
 (a) Residence, No. 703 Pine St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Goldie Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 - 1860</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>8</u>
		DAYS <u>27</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co, Indiana</u>		
FATHER	13. NAME <u>John Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mrs Goldie Gray Holden Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grout Cem</u> DATE <u>May 24 1942</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred Williamson Clinton Mo</u>		
20. FILED <u>May 24 1942</u> <u>Miss Frank Morrie</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1942

22. I HEREBY CERTIFY, That I attended deceased from April 27 1942 to May 22 1942
 I last saw him alive on May 21 1942 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Gen. Arteriosclerosis
Chronic myocarditis

Other contributory causes of importance:
938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Kelly Paulina, M. D.
 (Address) Holden Mo.

RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed 6-11-42

JUN 17 1945

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

Richard W. Weston

Licensed Embalmer No. 2478

P. O. Address Weston M

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.