

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21251

State File No.

Registration District No. 228

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Freston, Mo.  
(c) Name of hospital or institution Wright Memorial Hosp  
(d) Length of stay: In hospital or institution 37 days  
In this community 37 days  
years, months or days

3. (a) PRINT FULL NAME

Minnie A. Gray

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife B. E. Gray  
6. (c) Age of husband or wife if alive 66  
7. Birth date of deceased March 14 - 1884

8. AGE: Years 58 Months 3 Days 1  
If less than one day hr. min.

9. Birthplace De Kalb, Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business  
12. Name S. G. Thompson  
13. Birthplace Yorktown, Ill.  
14. Maiden name Frieda Jane Roberts  
15. Birthplace Yorktown, Ill.

16. (a) Informant B. E. Gray  
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 6-17-42  
(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director Hope Burn Hurd  
(b) Address Gallatin, Mo.

19. (a) June 16, 1942 (b) Nasa W. Hoffmann  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Gallatin, Mo.  
(d) Street No. ✓  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 15  
year 1942 hour 5 minute 38 A.M.

21. I hereby certify that I attended the deceased from April 15th  
1942 to June 15th, 1942  
that I last saw her alive on June 15th, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Vary  
Due to do not know

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H 90  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Clara R. Luff (M. D. or other) June 15th  
Address 1 Benton Ave Date signed

Duration 6 months  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10  
1  
2

**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.....

*L. O. Richesson*

Licensed Embalmer No.....

*3307*

P. O. Address.....

*Galveston 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, fact should be so stated above.**