

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File 31129
Registrar's No. 84

FILED OCT 14 1942
Registration District No. 4433

Primary Registration District No. 4433

86
10

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

1. PLACE OF DEATH:

(a) County FULTON

(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MONROE HOSPITAL & CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 MO.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County FULTON

(c) City or town UNIONVILLE, MO.
(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 MARY ETTA GRAY

(b) If veteran, name war L

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1942 hour 7 minute 30 P. M.

4. Sex F - 1

5. Color or race W -

6. (a) Single, widowed, married, divorced M - 1

(b) Name of husband or wife WALTER GRAY

(c) Age of husband or wife if alive 56 years

7. Birth date of deceased JAN. 13. 1887.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 10 1942 to Oct 1 1942
that I last saw him alive on Oct 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Right Lung

Duration 1 YR.

8. AGE: Years 55 Months 8 Days 18
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation HOME WORKS

Major findings: Of operations H78

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM H. BAGGS

13. Birthplace Flora

14. Maiden name MARY A. BROWER

15. Birthplace MO.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Gray

(b) Address Unionville Mo.

17. (a) Burial (b) Date thereof Oct 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Unionville Mo.

19. (a) 10-4-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) 10/1/42
Address Unionville Mo. Date signed 10/1/42

RECEIVED

District Health Officer No. 10

District File Number

10-42-1927

Date Filed

OCT 13 1942

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

Paul E. Husted

Licensed Embalmer No.

3304

P. O. Address

Monroville 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.