

X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 10 1943**

Dr. J. R. McDaniel  
MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
State File No. **7182**

Registration District No. **267**

Primary Registration District No. **59-07-4397**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Cooter, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Two Months** (Specify whether years, months or days)

In this community **Two Months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Cooter, 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 **Allen Gray**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **Dec. 2 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**2 12** hr. min.

9. Birthplace **Cooter Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name **S am Gray**

{ 13. Birthplace **Hernando, Miss.** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Louise Mc Neil**

{ 15. Birthplace **Greenwood, Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **Louise Gray**

(b) Address **Cooter, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 16 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Holly Grove Cemetery**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **Steele, Mo.**

19. (a) **3-3-43** (Date received local registrar) (b) **E. C. Linsbaugh** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.**, day **14**  
year **1943** hour **10** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **early 1 hr**  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Double Labor Pneumonia**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. R. McDaniel** (M. D. or other) \_\_\_\_\_

Address **Steele Mo.** Date signed **2-17**

1207 (Licensed Embalmer's Statement on Reverse Side)

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

78  
000

78  
000

X 8

2-43-51

**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.....

P. O. Address.....

**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.**