S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9740

FILED MAR 31 1943

Registration District No. 79 Primary Registration District No. 3007 Registrar's No. 79

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 Nooney St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Gay
3. (b) If veteran, name war
3. (c) Social Security No. 489-14-6607
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Fred Gay (wife)
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February (Month) 27 (Day) 1876 (Year)

8. AGE: Years 66 Months 12 Days 13 If less than one day hr. min.

9. Birthplace Birmingham (City, town, or county) England (State or foreign country)
10. Usual occupation Machinist
11. Industry or business

FATHER
12. Name Richard Gay
13. Birthplace England (City, town, or county) Great Britain (State or foreign country)

MOTHER
14. Maiden name Mary Ann Danks
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Gay
(b) Address 1124 Nooney St. Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery
18. (a) Signature of funeral director Greer Croy Funeral Ser.
(b) Address 442 Vine St. Poplar Bluff, Mo.
19. (a) 3-17-43 (Date received local registrar) (b) Catherine Hendrix (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1943 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from 3-10, 1943, to 3-10, 1943 that I last saw ~~been~~ alive on 3-10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1/2 hour
Due to:	
Due to: 940	
Other conditions: – (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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) no
(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? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Hendrix (M. D. or other)
Address Poplar Bluff Mo. Date signed 3-11-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 [illegible]

RECEIVED
District Health Office No. 2,
District File Number 243-425
Date Filed 9-30-43

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

L. U. Adamson, Registered Apprentice No. 349,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.