

ED APR 14 1943 52
Registration District No. 52

Primary Registration District No. 5856

24
00

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins Rural Hopkins Town
(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 43 years (Specify whether years, months or days)

In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Hopkins Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. Hopkins township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME America Gray

3. (b) If veteran, name war.

3. (c) Social Security No. no

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John F. Gray

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Nov. 6 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Page County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Griffey

13. Birthplace unknown 9

14. Maiden name Sally Davidson (State or foreign country)

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

16. (a) Informant Jess Gray

(b) Address Hopkins Mo.

17. (a) burial (b) Date thereof 2/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Cemetery

18. (a) Signature of funeral director Pricie Fernald Home

(b) Address Manville Mo.

19. (a) 2/24/43 (b) O. H. Bayler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 4 minute a. m.

21. I hereby certify that I attended the deceased from 1/1 43 to 2/3/43 1943

that I last saw her alive on 2/20/43 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion/fluxion

Duration 94a

Due to

Due to

Other conditions 94a
(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 [Signature] (M. D. or other) [Signature]

Address Hopkins Date signed 2/24/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clem M. Price*.....
Licensed Embalmer No..... *1522*.....
P. O. Address..... *Maryville, 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.