

FILED AUG 5 1943 2
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 827

1. PLACE OF DEATH:

(a) County. Buchanan

(b) City or town. St Joseph

(c) Name of hospital or institution. 1201 - 17th ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. abt 3 wks. (Specify whether)

In this community. _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo

(b) County. Buchanan

(c) City or town. St Joseph (rural)

(d) Street No. R 7th St

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

If yes, name country _____

3. (a) PRINT FULL NAME. GRACIE-A. ROLL

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex. Female

5. Color. White

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

6. (b) Name of husband or wife. Melbie

6. (c) Age of husband or wife if alive. 42 years

7. Birth date of deceased. Sept 5 1923

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1943 hour 9:00 P minute 0 M.

21. I hereby certify that I attended the deceased from July 1st 1943, to July 19 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 19 Months 10 Days 14 hr. min.

9. Birthplace. Spencer Ky

10. Usual occupation. at home

Immediate cause of death. adenoma carcinoma right thigh metastatic to abdomen chest.

Due to. _____

Other conditions. (Include pregnancy within 3 months of death) 55e

MOTHER FATHER

11. Industry or business _____

12. Name. William Gray

13. Birthplace. Bath Co Ky

14. Maiden name. Maude H. Gray

15. Birthplace. Montgomery Co Ky

16. (a) Informant. G. A. Roll

(b) Address. R 2 No 2nd Bds

17. (a) (Burial, location, or removal) B

(b) Date there. July 21 1943

(c) Place: burial or cremation. Oakland Cem

18. (a) Signature of funeral director. P. Stamey

(b) Address. St Joseph 200

19. (a) 7-21-43 (Date received local registrar)

(b) Robt. Herzog (Registrar's signature)

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) _____ (Specify means of injury)

23. Signature. Percey Beck MD

Address. Knightly Bldg

Date signed. 7/19/43

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

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.....

John Roy Stoney

Licensed Embalmer No. *2435*

P. O. Address.....
Joseph Hill

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.