

S. No. 2
M-5-42
5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26271
State File No. _____
Registrar's No. 134

FILED AUG 11 1943
Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
342 East North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 118 1/2 East Arrow (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gabriella Grayson Walker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James A. Walker 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased December 25th, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 9 _____ hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER { 12. Name James William Grayson

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Elder

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

16. (a) Informant Mrs. Mary Fulton

(b) Address Malta Bep'd. mo.

17. (a) Burial (b) Date thereof July 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell
(b) Address Marshall, Mo.

19. (a) 7-7-43 (b) mo T. L. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 43 hour _____ minute _____ P.

21. I hereby certify that I attended the deceased from July 2
that I last saw her alive on July 2
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Infarction
Duration 4 1/2 hrs.

Due to Unknown

Due to _____

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

Major findings: Of operations 946

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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) _____
Address _____ Date signed 7/5/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-10-43

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.....

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address.....

Marshall, 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.