S. No. 2
M—5-42
5-17-39

FILED SEP 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27714

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 949

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1018 South 15th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 South 15th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kate Gray

3. (b) If veteran, name war no — 3. (c) Social Security No. no

4. Sex Female — 5. Color or race White — 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ---- — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June 15 (Month) (Day) 1868 (Year)

8. AGE: Years 75 — Months 2 — Days 13 — If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Thomas Gray
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Celia Diveny
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Miss Mary Gray
(b) Address 1018 South 15th, St. Joseph,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 28, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 8/28/43 (Date received local registrar) (b) Rose Heizog (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 26 year 1943 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Aug 21 43 to Aug 26 1943 that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease, Hyper tension — Duration minutes

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93d

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature John C Byrne (M. D. or other) 0
Address St Joseph Mo Date signed 8-27-43

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(Licensed Embalmer's Statement on Reverse Side)

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 Cleon E. Hodges

Licensed Embalmer No. 2729

P. O. Address St Joseph 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.