

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28235

State File No. _____

FILED SEP 11 1948

Registration District No. _____

Primary Registration District No. 5459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Bois Darc "Rural" Center Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 Yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene

(c) City or town Bois Darc "Rural" Center Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Jane Gray

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 Henry Gray 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 1 1 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 6 80 hr. min.

9. Birthplace Greene Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Rose

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

14. Maiden name Nancy Graves

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

16. (a) Informant Henry Gray

(b) Address Bois D. Arc Mo

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

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director Morris & Leiman

(b) Address Ash Grove Mo

19. (a) 9-1-48 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on August 8th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Chronic Myocardial Degeneration

Due to _____

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

Major findings: Of operations none done

Of autopsy none held

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 Charles H. McPhie (M. D.)

Address Ash Grove Mo Date signed 9-1-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Greene County Health Office,

County File Number 43-9-92

Date Filed 9/8/43

SEP 4 1957

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 Maudie O. Morris

Licensed Embalmer No. 2056

P. O. Address Ash Grove 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.