No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29168

State File No.

FILED SEP 10 1943

Registration District No. 302 Primary Registration District No. 6041 Registrar's No. 1468

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural - Thomas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi So. of Naylor 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. So. of Naylor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Eliza Ann Gray
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 2 (Day) 1862 (Year)

8. AGE: Years 80 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Martin Co. (City, town, or county) Ind (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name ~~Mathew Dill~~ John Wayde
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Robertson
15. Birthplace Unknown (City, town, or county) Va. (State or foreign country)
16. (a) Informant Harry Gray
(b) Address Marble Hill, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 43 (Month) (Day) (Year)
(c) Place: burial or cremation Lowndes Cem.
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo
19. (a) Aug 2 - 48 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from July 15, 1943, to July 31, 1943 that I last saw her alive on July 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death dysentery	
Due to hot weather & dust	
Due to	
Other conditions senility (Include pregnancy within 3 months of death)	
Major findings: Of operations 27C	
Of autopsy no	

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 H. Ewhite O (M. D. or other) MY
Address Naylor Mo Date signed 7/21/43

1217 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 94353-6
Date Filed 9-8-43

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.