No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

Registration District No. 9

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37931

Primary Registration District No. 3007

Registrar's No. 344

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 622 N. Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) 1

In this community (years, months or days): 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler 012

(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3

(d) Street No.: 622 N. Main St
(If rural, give location)

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

If yes, name country: n

3. (a) PRINT FULL NAME: Mahala Thompson 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: Widowed

6. (b) Name of husband or wife: Wm. E. Gray

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

7. Birth date of deceased: April 5, 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 20 If less than one day hr. min.

9. Birthplace: Belleune, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: At home

11. Industry or business: —

MOTHER FATHER

12. Name: Charlotta Batton

13. Birthplace: Alabama 1 (City, town, or county) (State or foreign country)

14. Maiden name: James Thompson

15. Birthplace: Nashville, Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph S. Gray

(b) Address: Poplar Bluff, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof: 11-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Gladden, Mo

18. (a) Signature of funeral director: Frank-Cottell

(b) Address: Poplar Bluff, Mo.

19. (a) 11-26-43 (Date received local registrar) (b) Belle Frame (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 25 year: 1943 hour: 11:00 minute: P.M.

21. I hereby certify that I attended the deceased from Oct. 42 to Nov. 25 43 that I last saw he alive on Nov. 24 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	10 days
Due to: Chronic Myocarditis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

93d

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: [illegible] (M. D. or other)

Address: Poplar Bluff Mo Date signed: 11/26/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1550
Date Filed 12-8-43

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 Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.