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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38130

Registration District No. 101

Primary Registration District No. 5-4724173

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava ~~Sprin~~ cree

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. Route 4

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Homer Lester Gray

3. (b) If veteran, name war N

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bessie Gray

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 1, 1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	7	16	hr. min.

9. Birthplace Near Ava, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name William P. Gray

13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Elizabeth Lewis

15. Birthplace Near Ava, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Gray

(b) Address Route 4, Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Farmen.

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 11-1-43 (Date received local registrar) (b) Mrs. J. R. Spurlock deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1943 hour 4: minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 17, 43 only, 19 , to , 19 ; that I last saw her alive on Oct 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature J. L. Genby (M. D. or other)

Address Ava, Mo Date signed 10-20-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1143-1226
Date Filed [illegible] 1945

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 W B Hutchison

Licensed Embalmer No. 3481

P. O. Address Ona Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 101 Primary Registration District No. (5412) Registrar's No. 72

1. PLACE OF DEATH

(a) County Douglas

(b) City or town Ava Spring creek
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Homer Lester Gray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1 (Day) 189 (Year)

8. AGE: Years 48 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-1-43 (Date received local registrar) (b) Mrs. J. R. Spurlock (Registrar's signature) deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 67 year 1943 hour minute M.

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

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

38130