

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45457

FILED DEC 23 1943
Registration District No. 17

Primary Registration District No. 4016

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(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 life (Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME MARY BELLE 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 mar
6. (b) Name of husband or wife Glenn Gray 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan 4 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 9 hr. min.

9. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Phillip Dragoo
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Hannah J. Trout
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Gray
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof Nov/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) Dec 4 1943 (b) Miss H. D. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1943 hour 3 minute 40 p. M.

21. I hereby certify that I attended the deceased from February 26 -
1943 to Nov. 13 1943
that I last saw her alive on Nov. 13 - 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Tumor of Colon 2 yrs

Due to /
Due to /
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Tumors of hypopharynx
Colon
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?

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

23. Signature J. M. Davis (M. D. or other)
Address Tarkio, Mo. Date signed 11-16-43

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

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.....

John M. Lewis
Licensed Embalmer No. **2394**

P. O. Address. **Tarkio, 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.