

2-43
7-39
K35697

FILED JAN 31 1944
Registration District No. **844**

Primary Registration District No. **8076-5796** Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **Rural Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **California, Mo. / Rt #**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **California, Mo. R5 #**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Emory G Gray**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

4. Sex **Male** 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 **March 29 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **9** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jessie Gray**
13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Susar Deatrige**
15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Gray**
(b) Address **California, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 31. 43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mount Zion Cent**

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo.**
19. (a) **12-30-43** (Date received local registrar) (b) **H. J. Allen** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July** 19**42** to _____ 19**43**
that I last saw him alive on **Dec 29** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 day**
Due to **Generalized arteriosclerosis** **10 yrs**

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN **[Signature]**
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 **0**
23. Signature **Jessie Deather** (M. D. or other) _____
Address **California Mo.** Date signed **12-30-43**

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

MOTHER FATHER

1312

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address. California, 74

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.