

FILED MAR 8 1944

Registration District No. 4124 Primary Registration District No. 4124

23
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Clark
 (b) City or town Kahaka
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clark
 (c) City or town Kahaka
 (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 Dr. A. E. Gray
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 10th
 year 1944 hour 5 minute 30 P.M.
 21. I hereby certify that I attended the deceased from February 25th 1939 to February 8 1944
 that I last saw him alive on February 8th 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Grace Gray 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased Feb. 20-1896
 (Month) (Day) (Year)

Immediate cause of death Cancer of Sigmoid Colon Duration 1 yr
 Due to Sarcoma of lumbar vertebra
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
67 11 20 hr. _____ min. _____

9. Birthplace Ill. 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Optometrist
 11. Industry or business _____
 12. Name Wm Gray
 13. Birthplace Kan. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ballard
 15. Birthplace Ill. 1
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
H. B. e

16. (a) Informant Dr. Grace Gray
 (b) Address Kahaka Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation Glendale City, Plumerville, Mo.
 18. (a) Signature of funeral director Walter W. W.
 (b) Address Kahaka Mo.
 19. (a) 2-15-44 (Date received local registrar) (b) Wm S. Cotton (Registrar's signature)

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) (c) Mechanical injury 2
 23. Signature Dr. Earl Porter (D.O. or other) D.O.
 Address Canton, Mo. Date signed 2/12/44

RECEIVED

District Health Officer No. 10

District File Number 3-44-469

Date Filed MAR 7 1944

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

Otis L. Gutteridge

Licensed Embalmer No.

2965

P. O. Address

Suray 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.