

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
238 So. Dollison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 238 So. Dollison
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Marshall Gray

(b) If veteran, name war unk.

(c) Social Security No. unk.

4. Sex Male 5. Color Col. 6. (a) Single, widowed, married, divorced Widower
 (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive UNK. years
 7. Birth date of deceased February 2 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER

12. Name Henry Gray
 13. Birthplace unk. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sattie Wallace
 15. Birthplace unk. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Artie Keet
 (b) Address 238 S. Dollison, Spfld, Mo

17. (a) Burial (b) Date thereof 3-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director W.P. Campbell
 (b) Address 867 Washington, Spfld, Mo

19. (a) 3-2-44 (b) B. H. Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
 year 1944 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from no physician in attendance to to 19...;
 that I last saw him alive on 19...;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to Arteriosclerosis

Due to 940
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Coronary occlusion, Arteriosclerosis, Hypertrophy, Arteriosclerosis

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 3
 23. Signature Amos C Stone (M. D. or other)
 Address Springfield, Mo Date signed 2-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... *W. P. Campbell*
Licensed Embalmer No. *1747*
P. O. Address *Springfield 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.