

FILED JUL 11 1944
Registration District No. 159

Primary Registration District No. 3043

Registrar's No. 170

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2515 Hope St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
(Specify whether
In this community: 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 2515 Hope Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME

Mary E Gray

3. (b) If veteran, name war:

3. (c) Social Security No.

3 Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Tom Gray

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: 1888
(Month) (Day) (Year)

8. AGE: Years: 57 Months: 8 Days: 10 If less than one day: hr. min.

9. Birthplace: Forrest City Ark
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Tom Stevens

13. Birthplace: Forrest City Ark
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Stevens

15. Birthplace: Ark
(City, town, or county) (State or foreign country)

16. (a) Informant: Tom Gray
(b) Address: Chicago, Illinois

17. (a) Burial (b) Date thereof: 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Robinson

18. (a) Signature of funeral director: Geo E Roberts
(b) Address: Hannibal Mo

19. (a) 5-17-44 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 10 year: 1944 hour: 9 minute: 30 A.M.
21. I hereby certify that I attended the deceased from May 9 1944 to May 10 1944 that I last saw him alive on May 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Chronic nephritis

Other conditions: 1318
(Include pregnancy within 3 months of death)

Major findings: 1318
Of operations:

Of autopsy:

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?

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1534

1146

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

Guo E Roberts

Licensed Embalmer No.

2113

P. O. Address

Hannibal 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.