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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25665

Primary Registration District No. 6076

Registrar's No. 1586

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

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Near Bourbon~~ McRobertson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
~~Enroute~~ D.O.A. Lambert Field
(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 Iowa (b) County 999

(c) City or town Fairfield 13
(If outside city or town limits, write "RURAL")

(d) Street No. 661 S. 2nd, St. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Robert Clinton Gray

3. (b) If veteran, name war World War II

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Neva Mae

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

7. Birth date of deceased March (Month) 6 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	4	18	..... hr. ..... min.

9. Birthplace Center Township (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Ensign USNR

11. Industry or business U. S. Navy Pilot

FATHER
12. Name Clinton Gray
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Service Records, 1
(b) Address Columbus Ohio

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfield, Iowa

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) JUL 27 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour ..... minute 4:30 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Fractures & Disentegration of body

Due to Airplane Crash

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

Duration

173.6
34

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) Accidnet 028

(b) Date of occurrence July 24th, 1944

(c) Where did injury occur? Near Bourbon, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on a Farm (Specify type of place)

While at work? Yes (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address Naval Air Sta / Lambert Field, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

707

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 Felix Lluriand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.