

FILED SEP 10 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 204

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: 715 N. Franklin
(d) Length of stay: In hospital or institution. 20 years
In this community years, months or days

3. (a) PRINT FULL NAME Lulah Jane Gray
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife: Chas. Gray
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. 5 1878
(Month) (Day) (Year)

8. AGE: 66 Years 4 Months 22 Days
If less than one day hr. min.

9. Birthplace Putnam Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

MOTHER FATHER
12. Name James E. M. Kinley
13. Birthplace Putnam Co. Mo.
14. Maiden name Lizabeth Wyckoff
15. Birthplace Putnam Co. Mo.

16. (a) Informant Mrs. K. Rowland
(b) Address 2069 Kingsbury Blvd. St. Louis, Mo.

17. (a) Burial (b) Date thereof 6-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kirksville, Mo.
18. (a) Signature of funeral director: [Signature]
(b) Address: Kirksville, Mo.

19. (a) 8-27-44 (b) Mrs. J. P. Waynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Kirksville
(d) Street No. 715 N. Franklin
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 2:00 minute p. M.

21. I hereby certify that I attended the deceased from June 30 to June 27, 1944
that I last saw her alive on 1:00 pm, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus + bladder
Duration

Due to
Due to

Other conditions: 48 f
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Means of injury

23. Signature: R. O. Stibben (M. D. or other)
Address: Kirksville, Mo. Date signed

1049

RECEIVED

District Health Officer No. 10

District File Number 9-44-1509

Date Filed SEP 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 Geo B Bradley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.