. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2726

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 503 S JACKSON
(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 ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town LEBANON 2
(If outside city or town limits, write "RURAL")
(d) Street No. 503 S JACKSON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME AUSTIN HARVEY GRAY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race N
6. (a) Single, widowed, married, divorced WIDOWER 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT (Month) 19 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	20	hr. min.

9. Birthplace LACLEDE CO (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation BOOK KEEPER
11. Industry or business
FATHER
12. Name JAS. GRAY
13. Birthplace (City, town, or county) KY 1 (State or foreign country)
MOTHER
14. Maiden name LUCINDA LOWERY
15. Birthplace (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant Mrs Jas Gray
(b) Address JEFFERSON CITY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON
19. (a) Febr-1-45 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9
year 1945 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Dec 12th 1944, to Jany 9, 1945
that I last saw him alive on Jany 8, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	
Due to Flu	
Due to 33	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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? — (City or town) — (County) — (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? no (e) Means of injury none
23. Signature J. L. Benage (M. D. ~~or other~~)
Address Lebanon Mo. Date signed 1/11-45

1040 (Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 1-45-6

Date Filed 2/14/45

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 D. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon

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.