. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2976

Registration District No. 249 Primary Registration District No. 4370 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Clearmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Noda way 74
(c) City or town Clearmont
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Spencer Gray
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex 0 male
5. Color or race white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Lucy Lee Gray
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 2, 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Nodaway County (City, town, or county) Missouri () (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name Martin Gray
13. Birthplace (City, town, or county) Missouri () (State or foreign country)
MOTHER
14. Maiden name Lucinda Ingels
15. Birthplace (City, town, or county) Missouri () (State or foreign country)
16. (a) Informant Everett Gray
(b) Address Clearmont, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo
19. (a) Jan 3 1945 (Date received local registrar) (b) Mrs. W. G. Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from no attendance by any physician that I last saw h Not seen by a physician and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure as determined by finding at view inquest
Due to Jan. 2nd at his home where he lived alone and
Due to no one was present at his death.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 93
Of autopsy None.
View inquest only.

Duration

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) None determined
(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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature L. E. Dean - Coroner (M. D. or other) Nodaway Co.
Address Maryville Mo. Date signed 1-3-45

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.