

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945
Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12967
State File No. _____
Registrar's No. 98

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
425 Valley St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Addie B Gray
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lewis Gray Sr 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 10 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Miss. (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {
12. Name Sam Davis
13. Birthplace Miss (City, town, or county) _____ (State or foreign country) _____
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Lewis Gray Sr
(b) Address Poplar Bluff Mo
17. (a) Burial (b) Date thereof. 3/28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation city

18. (a) Signature of funeral director Frank Cottrell
(b) Address Poplar Bluff Mo
19. (a) 4-3-44 (b) D. L. Cottrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL"
(d) Street No. 425 Valley St 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1945 hour 2 minute 15a M.
21. I hereby certify that I attended the deceased from March 1
1945 to March 24, 19 45
that I last saw her alive on March 24, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinomatosis 6 mos
Carcinoma Ovary 1 Yr
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 49a
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? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or D. O.) _____
Address Poplar Bluff Mo Date signed 3/20/45

RECEIVED

District Health Office No. 2

District File Number ~~440-232~~

Date Filed ~~APR 11 1945~~

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 *Good W Green*.....

Licensed Embalmer No. *2964*.....

P. O. Address *Poplar Bluff 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.