

FILED JUL 13 1945

State File No. _____

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Missouri, County Wright
(c) City or town Norwood (If outside city or town limits, write "RURAL")
(d) Street No. West Rural Route 110
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Shirley Maxine 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 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Norwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Roy E. Gray
13. Birthplace Macomb Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cledith Canfield
15. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy E. Gray
(b) Address Norwood Mo RST#1

17. (a) Burial (b) Date thereof May 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Ella J. Boulden
(b) Address Norwood Mo.

19. (a) June 23 45 (b) Mischa Cramer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from April 28
1945 to April 30 1945
that I last saw her alive on April 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis
infection
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 L. J. Gray (M. D. or other) _____
Address Norwood Mo Date signed 6/26 1945

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1067

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS

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 Ella J. Bouldin
Licensed Embalmer No. 1969
P. O. Address Norwood 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.