S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31222

State File No.

FILED OCT 4 1945

Registration District No. 28 Primary Registration District No. 6-944 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural Rettin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North of Fairfax Airport 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community passing through
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999

(c) City or town San Francisco 4
(If outside city or town limits, write "RURAL")

(d) Street No. unknown, 0
(If rural, give location)

(e) Citizen of foreign country? no. 2 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Charles C. Gray, #39118696

3. (b) If veteran, name war World War #2

3. (c) Social Security No. unknown,

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced unknown 9

6. (b) Name of husband or wife x

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased unknown, (Month) (Day) (Year)

8. AGE: Years unknown, Months Days If less than one day hr. min.

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

10. Usual occupation Pfc.

11. Industry or business Army

FATHER
12. Name unknown, 9
13. Birthplace unknown,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown, 9
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army,
(b) Address Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation San Francisco, California

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-16-45 (Date received local registrar) (b) Mrs. Ophelia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Crone, 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture, evisceration of brain, second and third degree burns,

Due to multiple fracture left thigh

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1934

Of autopsy no History & Inspection

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) Accident 83

(b) Date of occurrence 9-15-45

(c) Where did injury occur? Platte County, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? yes (e) Means of injury air plane crash

23. Signature [signature] 3 (M. D. ~~or other~~) Comm

Address 1424 [illegible] Date signed 9-15-45

1489

(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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.