

FILED MAY 8 1946
Registration District No. **477**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 1 mo 9 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid 14

(c) City or town New Madrid
(If outside city or town limits, write "RURAL")

(d) Street No. 2.
(If rural, give location)

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DICK GRAY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife DK

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

7. Birth date of deceased DK
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>			hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name DK

13. Birthplace DK
(City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof Apr. 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wicksville, Mo

18. (a) Signature of funeral director Glen G. Maupin

(b) Address 712 Court St. Fulton, Mo

19. (a) 4-15-1946 (b) Josie Morawick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 12
year 1946 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 11
1946 to April 12, 1946
that I last saw him alive on April 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to _____

Other conditions g40
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 Josie Morawick (M. D. or other) P-D
Address State Hwy no 1 Date signed 4/13/46

14
1
2
11305
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-7-66

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 Glen Y. Mauhin

Licensed Embalmer No. 3725

P. O. Address Fulton, 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.