

S. No. 2
M-43-43
5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JUL 11 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19445

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Rural, West White Twsp
(c) Name of hospital or institution:
Route # 4
(d) Length of stay: In hospital or institution 2 years
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Rural
(d) Street No. R # 2, Windsor
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

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

4. Sex Fe 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph P. Gray
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 13 1956

8. AGE: Years Months Days If less than one day
89 7 6 hr. min.

9. Birthplace Henry County Mo.
10. Usual occupation at home

MOTHER FATHER
11. Industry or business _____
12. Name John J. Slapper
13. Birthplace Germany
14. Maiden name Cathryn Rank
15. Birthplace Pa.

16. (a) Informant Mrs. W. G. Chastain
(b) Address Windsor, Missouri
17. (a) burial (b) Date thereof 6-21-46
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) JUNE 26 1946 (b) Pauline Adams

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1946 hour 10:00 a m minute _____ M.
21. I hereby certify that I attended the deceased from Feb 7 to June 19
that I last saw her alive on June 17 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
Physician J. J. Adams
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? _____
(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 other) _____
Address Windsor, Mo. Date signed 6-21

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

27

46

RECORDED

Office No. 7,

District No. 6-46-700

Date Filed 7-9-42

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 *Edwin H. Hester*

Licensed Embalmer No. 3391

P. O. Address *Wilder, 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.