

FILED SEP 24 1946

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **207**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Boone County Hospital**
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Died Unnamed GRAY**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced. **(1)**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **8-22-1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **5 hr. 30 min.**

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____ 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Bethie Gray**
15. Birthplace _____ (City, town, or county) **Mo** (State or foreign country)

16. (a) Informant **Rev. Harvey**
(b) Address **Columbia Mo**

17. (a) **Buried** (b) Date thereof **8-24-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **labatory**

18. (a) Signature of funeral director **Stuart Parker**

(b) Address **Columbia Missouri**

19. (a) **8-23-46** (b) **Mrs. R. E. Palmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23** year **1946** hour **2 AM** minute **8:00 PM**

21. I hereby certify that I attended the deceased from **Aug 22 1946** to **2 AM 8/23**
that I last saw him alive on **Aug 22 1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **thrombosis** Duration _____
Brain

Due to **difficult birth**
Due to **premature (8 mo)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **160C**
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?

(Specify type of plane) _____
While at work? _____ (c) Means of injury _____

23. Signature **Stephen D. ...** (M. D. or other) _____
Address **Columbia** Date signed **8/23**

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

~~Date Filed 9-3-46~~
~~District File Number 9-46-14~~
District Health Officer No. 9

RECEIVED

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 ^{not}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Stuart J. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.