

FILED JAN 14 1947

Registration District No. **16**

Primary Registration District No. **581**

Registrar's No. **91**

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Current typ
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent **33**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. X (If rural, give location) **0**
(e) Citizen of foreign country? X (Yes or No) **0**
If yes, name country X

3. (a) PRINT FULL NAME Mildred Louise Gray

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov 4 1945
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 20 If less than one day
hr. min.

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

10. Usual occupation child

11. Industry or business X

MOTHER FATHER { 12. Name Ordra Gray
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name arie Perry
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ordra Gray
(b) Address Darien Mo

17. (a) burial (b) Date thereof 12/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East

18. (a) Signature of funeral director Carl Jensen
(b) Address alem Mo

19. (a) 1-3-47 (b) Mrs. H. H. Hart MD by 89
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-23- 1946 to 1946
that I last saw her alive on 12-23- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Branches Pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 109

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 L. J. Randall (M. D. or other) M.D.
Address Larking Mo. Date signed

RECEIVED

District Health Officer No. 5,

District File Number 14719

Date Filed 1-13-47

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 Carl K. Shuman

Licensed Embalmer No. 9320

P. O. Address Salem 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.