

FILED DEC 23 1946

Registration District No. 3186

Primary Registration District No. 1003

Registrar's No. 10100

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Pacific Hospital
 (If not in hospital or institution, write 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 James Alexander Gray3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah T. Toney Gray 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Nov. 15, 1881
 (Month) (Day) (Year)

8. AGE: Years 65 Months - Days 11 If less than one day
 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Retired Roundhouse Foreman11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER { 12. Name James A. Gray
 13. Birthplace Scotland (City, town, or county) (State or foreign country)
 14. Maiden name Isabelle Keiffer
 15. Birthplace N. Y. (City, town, or county) (State or foreign country)

16. (a) Informant Sarah T. Gray,(b) Address 411 N. 3rd St., Atchison, Kan.17. (a) Burial (b) Date thereof 11/29/46
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Masonic Cemetery, Piedmont18. (a) Signature of funeral director Robert J. Ambruster, Inc(b) Address Clayton Rd. at Concordia Lane19. (a) NOV 26 1946 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
 (c) City or town Atchison
 (If outside city or town limits, write "RURAL")
 (d) Street No. 411 North 3rd Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
 year 1946 hour 8 minute 30 A.M.21. I hereby certify that I attended the deceased from Nov. 5
1946 to Nov. 26, 1946
 that I last saw him alive on Nov. 26, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ampulla of Water
 Duration _____
 Due to _____
 Due to _____
 Other conditions Hb
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma Ampulla of Water
 Of operations _____
 Of autopsy Confirmed diagnosis
 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? Mo.
 (Specify type of place)
 (e) Means of injury _____
 23. Signature Trinidad G. Ewald (M. D. 2005)
 Address Missouri Pacific Hospital Date signed 11/26/46

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.....

Arnold H. Schoene

Licensed Embalmer No.....

3864

P. O. Address.....

St. Louis 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.