

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Prairie Hill - Rural; Wayland
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Prairie Hill Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Road - Prairie Hill
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Columbus Gray

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 8:45 minute am

21. I hereby certify that I attended the deceased from Jan 1947 to March 19 1947
that I last saw him alive on 3-8-47 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ollivet Gray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8 1858
(Month) (Day) (Year)

Immediate cause of death _____

Due to Severe Gangrene

Due to Atin's Sclerosis

Other conditions Hemiplegia 3. pr.
(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 9 Days 1 If less than one day _____ hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Porter Gray

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

14. Maiden name Amanda Mariah Fawks

15. Birthplace Prairie Hill Missouri
(City, town, or county) (State or foreign country)

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) (c) Means of injury _____

23. Signature Geo H. Hartman (M. D. or other) _____
Address Salem, Mo. Date signed 3/9/47

16. (a) Informant Mr. Roy O. Gray

(b) Address Prairie Hill, Missouri

17. (a) burial (b) Date thereof 3/12/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Prairie Hill

18. (a) Signature of funeral director John B. Patton
(b) Address Huntville, Mo.

19. (a) 3/9/47 (b) Geo Hartman
(Date received local registrar) (Registrar's signature)

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

21

33

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-10-47

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..... Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address..... Huntville, 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.