

S. No. 2  
M-5-42  
7-5-17-39  
X32673

FILED APR 8 1947

Registration District No. 23

Primary Registration District No. 3048

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Marionville  
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether

In this community Most all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Pickering  
(If outside city or town limits, write "RURAL")

(d) Street No. About 2 M West  
(If rural, give location)

(e) Citizen of foreign country? Rural (Yes or No) No  
If yes, name country: .....

3. (a) PRINT FULL NAME Nevada Arizona Gray

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22  
year 1947 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Mar 20 1947 to Mar 22 1947  
that I last saw her alive on Mar 21 1947  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife L. H. Gray 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan 3 1872  
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion Duration Acute

Due to Chronic Myocarditis

Due to Chronic Bronchitis

Pericardial Effusion

Renal and Aortic Sclerosis

Other condition: Malnutrition  
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 2 Days 19 If less than one day hr. min.

9. Birthplace: Galveston Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 94%

Of operations: .....

Of autopsy: .....

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business: .....

12. Name James F. Fields

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

14. Maiden name Armenia Coleman

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Douglas Taylor

(b) Address 520 W. 12th St. N.C. Mo.

17. (a) Burial (b) Date thereof 3-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville, Mo.

19. (a) 3/24/47 (b) Beas Bolt  
(Date received local registrar) (Registrar's signature)

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? .....

(Specify type of place)

While at work? No (e) Means of injury 0

23. Signature W. P. Jackson (M. D. or other) 0

Address Marionville, Mo. Date signed 3-24-47

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

74  
1  
2

APR 22 1957

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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..... *W. Hlean Campbell* .....

Licensed Embalmer No..... *2620* .....

P. O. Address..... *Marionville, 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.**