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FILED MAY 12 1947

Registration District No. 183

Primary Registration District No. 5683

Registrar's No.

1. PLACE OF DEATH
Linn

(a) County..... **Linn**

(b) City or town..... **Rural Benton Sup**
(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..... **7 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Dan Franklin Gray**

3. (b) If veteran, name war..... **---**

3. (c) Social Security No..... **---**

4. Sex..... **M**

5. Color or race..... **W**

6. (a) Single, widowed, divorced, or married..... **Divorced**

6. (b) Name of husband or wife..... **---**

6. (c) Age of husband or wife if alive..... **19 years 1863**

7. Birth date of deceased..... **Feb. 19**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	2	7	hr. min.

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

10. Usual occupation..... **Retired Farmer**

11. Industry or business.....

12. Name..... **Henry Gray**

13. Birthplace..... **Missouri**
(State or foreign country)

14. Maiden name..... **Betty**

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

16. (a) Informant..... **Mrs. John Longwell Browning, Mo.**

17. (a) **Burial** (b) Date thereof..... **4-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Wade Funeral Home**

18. (a) Signature of funeral director..... **Browning, Mo.**

(b) Address.....

19. (a) **May 1 1947** (b) **Elna Crook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri**

(b) County..... **Linn**

(c) City or town..... **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No..... **---**
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **4** day..... **26**
1947 year..... hour..... **3** minute..... **15** P. M.

21. I hereby certify that I attended the deceased from..... **April 24**, 1947 to..... **April 26**, 1947.
that I last saw him/her alive on..... **April 26**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**

Due to.....

Due to.....

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

Major findings:
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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature..... **D. W. H. Payne** (M.-D. or other) **Do.**
Address..... **Purdin** Date signed..... **April 26 1947**

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.