

No. 2
8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14251

State File No. _____

FILED MAY 13 1947

Registration District No. 291

Primary Registration District No. 5777

Registrar's No. 4-47

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Wassamba Equality
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eugene Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES E. GRAY.
3. (b) If veteran, name war _____
3. (c) Social Security No. 715-05-8140

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21
year 1947 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rena Gray
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1911
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Asphyxiation Due to Accidental Drowning. Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Eugene MO
(City, town, or county) (State or foreign country)
10. Usual occupation Truck driver

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

11. Industry or business _____
12. Name O. J. Gray
13. Birthplace Eugene MO
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Bonds
15. Birthplace Eugene MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations 183
Of autopsy 210
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs O. J. Gray
(b) Address Eugene MO
17. (a) Burial (b) Date thereof 5-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring Garden Cem Eugene, Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 66
(b) Date of occurrence 4-21-47
(c) Where did injury occur Wassamba Miller MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director M. E. Humphrey
(b) Address Russellville MO
19. (a) MAY 7-1947 (b) Mrs. Richard W. Wright
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (c) Means of injury Drowning
23. Signature M. E. Humphrey D. O. Corone
(Physician) (Name or other)
Address Wassamba, Mo. Date signed 5-5-47

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

Date Filed 5-9-47

District File Number _____

District Health Officer No. 9,

RECEIVED

JUN 1 1947

FEB 10 1947

MAY 13 1947

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.

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.