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FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16160

Registration District No. 346

Primary Registration District No. 666.4507

Registrar's No. 55

1. PLACE OF DEATH

(a) County Stone

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

(c) Name of hospital or institution: 1
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Jimmie Paul Gray

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 9 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

17 7 22 hr. min.

9. Birthplace Crane Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business _____

MOTHER FATHER

12. Name J. W. Gray

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

14. Maiden name May Wilson

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

16. (a) Informant Hobart Gray

(b) Address Crane Mo

17. (a) Burial (b) Date thereof 5-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo

18. (a) Signature of funeral director [Signature]

(b) Address Crane Mo

19. (a) 5-3-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Crane
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Crane, 1947 to May 1, 1947
that I last saw him alive on May 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma

Duration 1 year

Due to _____

Due to _____

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

Major findings: _____

Of operations 55c

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) (or) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Crane, Mo Date signed 5-2-47

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

316

MAY 12 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.

Signed Gay H. Moulton
Licensed Embalmer No. 3827
P. O. Address Chambers

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.