S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

Registration District No. 272

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4403

32013

State File No.

Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Steele, (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ark. (b) County: Randolph
(c) City or town: Biggers (If outside city or town limits, write "RURAL")
(d) Street No.: Rt. #1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Arthur Gray
3. (b) If veteran, name war: No.
3. (c) Social Security No.: 430-16-5936
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Vinie Gray
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Jan. (Month) 30 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
38	7	13	hr. min.

9. Birthplace: Sharp Co. Ark. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Charlie Gray
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Florence
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Vinie Gray
(b) Address: Biggers, Ark Rt. 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crossrode Cem. Ark
18. (a) Signature of funeral director: Johnson Funeral Home
(b) Address: Walnut Ridge Ark
19. (a) Oct-1-47 (Date received local registrar) (b) L. O. Newman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1947 hour 3 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: head & chest injuries
Due to: truck Accident
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 9-15-47
(c) Where did injury occur? Steele (City or town) Pemiscot (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Highway 61 (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Jack Kelly Coroner (M. D. or other)
Address: Hayti Mo Date signed: 9-15-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
Non-collision

10-47-287

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.....

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.