. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38638

FILED DEC 9 1947 56
Registration District No.

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2119 Annie Baxter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2119 Annie Baxter 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Everett Gray
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Elinor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 25, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 5 If less than one day hr. min.

9. Birthplace --------Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter & painter
11. Industry or business

FATHER
12. Name Sidney N. Gray
13. Birthplace ----Massachuttes
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Mardison
15. Birthplace ---Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elinor Gray
(b) Address 2119 Annie Baxter, Joplin, Mo.
17. (a) Burial (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 11-5-47 (b) Dolores Lampkins DR
(Date received local registrar) (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 30, 1947, to Oct 30, 1947;
that I last saw him alive on Oct 30, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	45 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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)
(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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Joplin Mo Date signed 10/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-944

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 F. M. Jones

Licensed Embalmer No. E 319

P. O. Address Joplin 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.