

No. 2
5-43
5-17-39
I X36671

FILED NOV 18 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 372

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: 408 So. Washington
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Finess Newton Gray

3. (b) If veteran, name war. No. ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude C. 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: Aug 4, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation R.R. Section Foreman

11. Industry or business Retired

12. Name John M. Gray

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

14. Maiden name Sarah B. Medlock

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

16. (a) Informant Mrs Helen Taggart

(b) Address 408 So. Washington

17. (a) Burial (b) Date thereof 11-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston Cem. - Elston, Mo

18. (a) Signature of funeral director M. Laughlin Bros

(b) Address Sedalia, Mo

19. (a) 11-7-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 408 So Washington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from SEPT 10, 1947 to NOV 6, 1947
that I last saw him alive on NOV. 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis -

Due to Primary in colon

Due to _____

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

Major findings: Of operations _____

Of autopsy H&E

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)

23. Signature Charles Gordon Laughlin (M. D. or other) MD

Address Sedalia, Missouri Date signed 11-6-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-17-47

NOV 19 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 R. P. M. Cravy

Licensed Embalmer No. 3153

P. O. Address Delalia, 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.