. 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. 34

FILED FEB 3 2 1948

Registration District No. 2

Primary Registration District No. 2019

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution R.F.D. # 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 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Helena (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME NATHAN GRAY

3. (b) If veteran, name war None

3. (c) Social Security No. 708-12-0050

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Nora

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 9, (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Fentress Co., (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Retired Flagman

11. Industry or business C.B. & Q. R.R.

FATHER
12. Name Robert Gray
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Evaline Richardson
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Nora Gray (Wife)
(b) Address Rt. # 1, Helena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City

19. (a) 1-20-48 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1948 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from Apr 6, 1947 to Jan 16, 1948
that I last saw h. 1 M. alive on Jan 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 da.
Due to Chronic Myocarditis	10 Mo.
Due to Chronic Nephritis	undet.
Other conditions Enlg. Prostate (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) .....
(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) 2
While at work? ..... (e) Means of injury .....

23. Signature H. R. Bridenstine M. D. or other DO
Address St Joseph Mo. Date signed 1-17-48

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

JUN 24 1953

JUL 1 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Roland D. Clark Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Ralph

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.