

FILED MAR 2 1948  
Registration District No. ....

Primary Registration District No. 4097

Registrar's No. 33

1. PLACE OF DEATH:  
(a) County Cass  
(b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Cass  
(c) City or town Rural Grand River Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARY ELIZABETH GRAY  
3. (b) If veteran,  name war.....  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 20  
year 1948 hour 9:30 minute P.  
21. I hereby certify that I attended the deceased from Nov 14, 1945 to Feb 20, 1948  
that I last saw her alive on Feb 20, 1948  
and that death occurred on the date and hour stated above. Duration

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sam A Gray 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased: Mar 27, 1880  
(Month) (Day) (Year)

Immediate cause of death Coronary Dec  
Due to arterio sclerosis  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>6</u>	.....hr. ....min.

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)  
(e) Means of injury.....  
23. Signature Harry B Newsham (M, D, or other).....  
Address Harrisonville, Mo Date signed 2-23-48

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Chas Davis

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

14. Maiden name Mary Elizabeth Planden

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

16. (a) Informant Miss Rodney L Cronney  
(b) Address Harrisonville, Mo

17. (a) burial (b) Date there Feb 23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial - O'Brien

18. (a) Signature of funeral director RUNNENBURGER'S  
(b) Address HARRISONVILLE, MO

19. (a) Feb 24-1948 (b) Laura J Jones  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

SEP 18 1958

AUG 29 1958

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

*Ernest R. Rumbarger*

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 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.