

FILED AUG 2 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. H. Sillsby

State File No. 22828

Registrar's No. 609

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene:
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 533 W. Scott
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 533 W. Scott
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Jane Gray

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Geo. P. Gray 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased Feb. 28 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Winona, Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Hasett
 13. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret O'Rourke
 15. Birthplace County Cork Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant George Gray
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.

19. (a) 7-28-48 (b) W.S. Hensley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1948 hour 1 minute 20p. M.

21. I hereby certify that I attended the deceased from July 19 1948 to July 19 1948
 that I last saw her alive on July 19 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
 Due to Arteriosclerosis years years
Bronchitis 1 week
 Due to _____

Other conditions None known
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy None

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) (e) Means of injury

23. Signature H. Sillsby (M. D. or other) July 23/48
 Address 609 Cherry Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 20 1949

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 *Walter E Hamillon*

Licensed Embalmer No. *3808*

P. O. Address *Springfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.