

STANDARD CERTIFICATE OF DEATH

State File No. **23766**

FILED AUG 2 1948 65

Registration District No.

Primary Registration District No.

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Ozark**
 (b) City or town **Longrun, Rural, Longrun**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT

FULL NAME **Hester Ann Gray**

3. (b) If veteran,

No

3. (c) Social Security No.

None

name war.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married,
 divorced **Widowed**
 6. (b) Name of husband or wife **I. F. Gray** 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased **October 26, 1865**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 25 hr. min.

9. Birthplace **Longrun, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Robert Griffith**
 13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **Katie Lewis**
 15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Otis Gray**
 (b) Address **Longrun, Mo.**

17. (a) **Burial** (b) Date thereof **6-23-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ture Vine**

18. (a) Signature of funeral director **Clinkingbeard Funeral**

(b) Address **Ava, Missouri**

19. (a) **7-25-48** (b) **Mac Johnson**
 (Date received local registrar) (Registrar's signature)

20. Signature **M. C. Smith** (M. D. or **MD**)
 Address **Ava** Date signed **6-23-48**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark**
 (c) City or town **Longrun, Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
 year **1948** hour **1** minute **40 P.** M.

21. I hereby certify that I attended the deceased from.....
 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Hypertension **3.5 ap**
Chronic Hypertension **15.76**

Due to **Chronic Hypertension** **15.76**

Due to **Chronic Arteriosclerosis** **15.76**

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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)

While at work?..... (e) Means of injury.....

23. Signature **M. C. Smith** (M. D. or **MD**)
 Address **Ava** Date signed **6-23-48**

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.