No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26326
Registrar's No. 3399

Registration District No. 149
Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few minutes (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL")
(d) Street No. 4566 Lewis Pl. 17
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country 1

3. (a) PRINT FULL NAME Harold Maurice Gray

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Evelyn Gray
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased January 25, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	6	24	hr. min.

9. Birthplace Mattoon, Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation Teacher
11. Industry or business

FATHER
12. Name George D. Gray
13. Birthplace Morganfield, Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Blanche Norton
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Lois Gray Goode (sister)
(b) Address 2820 N. 25th St. Omaha, Negr.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri
18. (a) Signature of funeral director Charles J Gates
(b) Address 4107 Finney - St. Louis, Mo
19. (a) 8-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 1948 hour 5 minute 20 P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19__ to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Shock -
Due to Skull Fracture Left ~~Arm~~ Femur (Leg.)
Due to Generalized Internal injuries
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1706-8
Of autopsy No - Permit

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto accident
(b) Date of occurrence 8-19-48 54
(c) Where did injury occur? Odessa - Lafayette - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. H. Way - 40 - 1 - Mi - E - Odessa (Specify type of place)
While at work? no (e) Means of injury Skull Fracture
23. Signature J. Williams C. (M. D. or other)
Address 2636 - Brooklyn Date signed

(Licensed Embalmer's Statement on Reverse Side)
[illegible] 8-20-48

JUN 25 1949

SEP 7 1941

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 Thomas Potts

Licensed Embalmer No. 4259

P. O. Address 4107 F St Louis, 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.