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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32582**  
Registrar's No. **892**

**FILED OCT 18 1948**

Registration District No. **128**

Primary Registration District No. **2000**

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

**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:  
O'REILLY VAH, SPRINGFIELD, MISSOURI  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 519 days  
(Specify whether years, months or days)

In this community 519 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State OKLAHOMA (b) County Muskogee

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

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** GEORGE W. GRAYSON

3. (b) If veteran, name war WW II

3. (c) Social Security No. Unknown

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 14  
year 1948 hour 3 minute 10 P.M.

**21. I hereby certify that I attended the deceased from** May 14, 1947  
1948 to October 14, 1948

that I last saw him alive on October 14, 1948  
and that death occurred on the date and hour stated above.

4. Sex male 2- race negro

5. Color or race negro

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

6. (b) Name of husband or wife - -

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

7. Birth date of deceased: December 27 1903  
(Month) (Day) (Year)

Immediate cause of death Tuberculosis, pulmonary bilateral, extensive. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>44</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

Other conditions Ulcerative tuberculous enteritis.  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy same as above

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

9. Birthplace HASKELL OKLAHOMA  
(City, town, or county) (State or foreign country)

10. Usual occupation 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? \_\_\_\_\_

**MOTHER FATHER**

11. Industry or business none

12. Name JOHN GRAYSON

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

14. Maiden name MARGARET BARKER

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

16. (a) Informant VA RECORDS

(b) Address O'Reilly VAH Springfield, Mo.

17. (a) Removal (b) Date thereof 10-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa Okla

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Home

23. Signature P. L. EISELE M.D. (M. D. or other) \_\_\_\_\_  
Address O'Reilly VAH, Springfield Date signed 10-14-48

18. (a) Signature of funeral director George Schurz Jungel  
(b) Address Springfield, Mo.

19. (a) 10-14-48 (b) W. J. Handley  
(Date received local registrar) (Registrar's signature)

**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

*Lois Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.**