No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37696

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 279

**1. PLACE OF DEATH:**
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 502 South Morley
(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)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 502 South Morley 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 7
If yes, name country .....

3. (a) PRINT FULL NAME William Sterling Gray
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
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 January (Month) 3 (Day) 1862 (Year)

8. AGE: Years 86 Months 10 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farming
11. Industry or business .....
FATHER
12. Name David A. Gray
13. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Nancy White Gray
15. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Miss Rolla Southern
(b) Address Moberly, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/7/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Old Prairie Hill
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo.
19. (a) 11/7/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 4 year 1948 hour 1:20 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from July, 1946, to 4 Nov, 1948 that I last saw him alive on 4 Nov 48, 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis | 2 years |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

93D

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) .....
(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 [illegible] (M. ~~D. or other~~)
Address Moberly Mo. Date signed 6 Nov 48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1946
Date Filed NOV 16 1948

## 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville M

**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.**