

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie	c. LENGTH OF STAY (In this place) 54 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie Mo 671	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WALTER	c. (Last) GRAY	4. DATE OF DEATH (Month) (Day) (Year) MARCH 28 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 14, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Sikeston, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Alice Gray	13b. MOTHER'S MAIDEN NAME Jennig Fodge	14. NAME OF HUSBAND OR WIFE Jessie Gray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Jessie Gray - East Prairie, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 156H
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1st 50**, 1950, to **3-28-**, 1950, that I last saw the deceased alive on **3/28**, 1950, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. J. Martin MD	(Degree or title)	23b. ADDRESS East Prairie Mo.	23c. DATE SIGNED 4/7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 31, 1950	24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery Miss. Co., Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. April 11, 1950	REGISTRAR'S SIGNATURE Anna Harper	197 FEDERAL DIRECTOR'S SIGNATURE Travis Shelby	ADDRESS East Prairie
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0691

APR 13 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 14 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Travis

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.