

FILED MAP 9 1942 7  
Registration District No. ....

Primary Registration District No. 3018

Registrar's No. ....

42  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 512 E. Jefferson  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 512 E. Jefferson  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH WELLINGTON GRAY

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

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1942 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 18 1942  
1938 to Feb 18 1942  
that I last saw him alive on Feb 13 1942  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 15 1871  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of colon about 4 months  
Duration

8. AGE: Years 70 Months 4 Days 3 If less than one day  
hr. min.

Due to .....

Due to .....

9. Birthplace Windsor Mo  
(City, town, or county) (State or foreign country)

Other conditions Chronic myocarditis 4 years  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings bone  
Of operations .....

11. Industry or business .....

Of autopsy none Ab  
Underline the cause to which death should be charged statistically.

12. Name Dr Joseph W Gray

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

14. Maiden name Heard

15. Birthplace Clarks Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Gray

(b) Address Clinton Mo

17. (a) Buried (b) Date thereof 2-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eglewood

18. (a) Signature of funeral director Charles P. Potts

(b) Address Clinton Mo

19. (a) Feb 19 1942 (b) Georgia Patten  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? No (e) Means of injury None

23. Signature G B Hughes (M. D. or other M.D.)

Address Clinton Mo. Date signed 2/19/42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-170

Date Filed 3-8-42

**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

*J. E. Consalud*

Licensed Embalmer No. 1891

P. O. Address Clinton 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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of mo  
County of Henry } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 23 day of Mar, 1942, before me appears Effie G. Cecil, who, upon her oath, states that the original record of ~~birth~~ death for Joseph W. Gray, died Feb 18 born Feb 18, 1942, in the State of Missouri, and which was filed at Clinton on Feb-19-, 1942, should be corrected as follows:

- Item No. 7 should read 1871  
Instead of 1872
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Effie G. Cecil Sister  
111 S. 2<sup>nd</sup> - Clinton Mo. Relationship.  
Present Address.

Subscribed and sworn to before me this 23 day of March, 1942

My Commission expires 3-13-45 Ann R. Davis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-6759

APR 8

1949

APR 3

1949