

MAR 16 1943

Registration District No. 137

Primary Registration District No. 5509

1. PLACE OF DEATH

(a) County Henry
(b) City or town Rural (Deer Creek)
(c) Name of hospital or institution Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Henry
(c) City or town Rural (Deer Creek)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME EDDIE DORCIE GRAY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov-6-1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John L. Gray
13. Birthplace Ohio (State or foreign country)
14. Maiden name Laura E. Johnson
15. Birthplace Missouri (State or foreign country)

16. (a) Informant Mrs Addie Gray

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Feb 8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Clinton Mo
(b) Address Clinton Mo

19. (a) Feb 8 1943 (b) Georgia Kitchen
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1943 hour minute 2 P.M.
21. I hereby certify that I attended the deceased from Jan 2
1942, to Feb 6 1943,
that I last saw him alive on 2-6 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Influenza
Due to
Due to
Duration 6 da
2 wks

Other conditions (Include pregnancy within 3 months of death) 330
Major findings:
Of operations
Of autopsy
PHYSICIAN

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Ed Walker (M.D. or other) M.D.
Address Clinton Mo Date signed 2-6-43

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

12
00

FILED

RECEIVED

District Health Officer No. 7;

District File Number 2-43-72

Date Filed 3-8-43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. Kenneth Jackson

Licensed Embalmer No. B 9 54

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.