

300
10-47
7-39
3906

State File No. _____

FILED JUL 21 1948
Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 151

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:
410 W. Ohio St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 30 days
years, months or days

3. (a) PRINT FULL NAME BYRDIE ANN GRAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife JOHN P. GRAY

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JAN. 16 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name John Bradley

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

14. Maiden name Cassie Bradley

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

16. (a) Informant Husband, J. P. Gray

(b) Address Calhoun, Mo.

17. (a) Burial (b) Date thereof 7-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of medical director W. A. Cassano

(b) Address Clinton

19. (a) 7-14-48 (b) R. R. Kerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

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

(d) Street No. Springfield
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from past ten
years 19____ to 7-13-48 19____
that I last saw her alive on 7-13-48
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Nephritis

Due to Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 W. A. Cassano (M. D. number) _____
Address 105 E. Ohio, Clinton Date signed 7-14-48

mo

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

RECEIVED

District Health Officer No. 7,

District File Number 823

Date Filed 7-23-48

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, by

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. Z. Casavant

Licensed Embalmer No. 3779

P. O. Address.....

Clinton

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.