

S. No. 2  
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K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 21 1948  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29584  
State File No. \_\_\_\_\_  
Registrar's No. 191

Primary Registration District No. 4213

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Montrose Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(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 Henry 42  
(c) City or town Montrose Mo. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William L. Gray  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept 10 day \_\_\_\_\_  
year 1948 hour 5 minut 50 P.M.  
21. I hereby certify that I attended the deceased from  
7 June 48 1948 to 10 Sept 1948  
that I last saw him alive on 27 July 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married  
divorced married  
6. (c) Age of husband or wife if  
Lucy Gray alive 57 years  
7. Birth date of deceased Jan 6 - 1873  
(Month) (Day) (Year)

Immediate cause of death  
Cerebral hemorrhage  
Due to hypertension, essential  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
75 8 4 hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming  
11. Industry or business \_\_\_\_\_  
12. Name David Gray  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Evelyn Stokes  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 83A  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant T. D. Gray  
(b) Address Montrose Mo.  
17. (a) Burial (b) Date thereof Sept 12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Montrose Cem.  
18. (a) Signature of funeral director Tom Hurst  
(b) Address Deepwater Mo.  
19. (a) 9-14-48 (b) R. R. Kennedy  
(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) \_\_\_\_\_  
(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. H. [unclear] (M. D. or other) MD  
Address Appleton City Date signed 11-20-48

RECEIVED

District Health Officer No. 7,

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1103

Date Filed 9-20-48

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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 Hurst

Licensed Embalmer No. 2282

P. O. Address Deepwater 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.