

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 120

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
216 W. Morgan
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 25 Yes
years, months or days

3. (a) PRINT FULL NAME RHODA DALLAS GRAY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Robert Gray
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 2nd 1872
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days _____
If less than one day

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

10. Usual occupation at home

11. Industry or business Same

12. Name Willie Nelson

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

14. Maiden name Do not know

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Mary Gray

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director McLaughlin Bus

(b) Address Sedalia Mo

19. (a) 3-25-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 216 West Morgan St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.
 year 1940 hour 12:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 11th, 1939, to March 23rd, 1940, that I last saw her alive on March 23rd, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

Due to Chronic Interstitial Nephritis

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 A. R. Maddox (M. D. or other) _____

Address 116 S. W. Main Date signed 3-26-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 P. E. Baker
Licensed Embalmer No. 2419
P. O. Address Sedalia

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, above space should be left blank.