No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17935

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 581

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

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ball Nursing Home, 605 N.11th.Str (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 18 days (Specify whether
In this community 29 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")
(d) Street No. 2723 Monteray Street, (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Samuel Alfred Gray Sr. 600
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Belle Gray,
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January 15, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	10	hr. min.

9. Birthplace Greensboro, North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business Farm,
FATHER
12. Name Thomas A. Gray,
13. Birthplace Greensboro, North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabell Walker
15. Birthplace Rockingham Co. No. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Samuel A. Gray Jr.
(b) Address 2723 Monteray Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery, Heaton - Bryant Bowman Funeral
18. (a) Signature of funeral director
(b) Address 319 So. 10th. Street, Home
19. (a) May 27 1940 (Date received local registrar) (b) H J Nettebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th. year 1940 hour 2:00 minute p M.
21. I hereby certify that I attended the deceased from Jan 1, 1938, to May 25, 1940; that I last saw him alive on Jan 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious anemia	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy no

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? 85 (Specify type of place)
While at work? (e) Means of injury

23. Signature H F Mundy M.D. (M. D. or other)
Address 404 So 3d st Date signed 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E. Summerfield

Licensed Embalmer No. 3007

P.O. Address 319 So. 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.