

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1911 Norton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days  
(Specify whether)

In this community 1911 Norton  
(years, months or days)

3. (a) PRINT FULL NAME Millie Elmira Gay

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Dallas Gray

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

7. Birth date of deceased October 16 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>9</u>	<u>6 am</u> hr. <u>15</u> min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Samuel W. Coon

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

14. Maiden name Mary Ellen Harding

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

16. (a) Informant Mary R Harper

(b) Address 1911 Norton K.C., Mo.

17. (a) Burial (b) Date thereof 6-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe mo

18. (a) Signature of funeral director H B Norman

(b) Address Chillicothe Mo

19. (a) June 25, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 304 East 3rd ST  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25<sup>th</sup>  
year 1940 hour 6 am minute 15 M.

21. I hereby certify that I attended the deceased from June 5  
1940, to June 25 1940  
and that death occurred on the date and hour stated above.

that I last saw her alive on June 21 1940

Immediate cause of death Chronic Interstitial nephritis Duration  
Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 131

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Harry W. Gray (M. D. or other)

Address 1401 Prospect Date signed 6-25-40

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**