

No. 2  
-11-10-39  
5-17-59  
1

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35959**

NOV 20 1940 6-51  
Registration District No. **6-51**

Primary Registration District No. **4388**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Permisecot**  
(b) City or town **Caruthersville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Permisecot**  
(c) City or town **Caruthersville**  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30**  
year **1940** hour **5:30** minute **p.m.**  
21. I hereby certify that I attended the deceased from **Oct 29**, 19**40**, to **Oct 30**, 19**40**,  
that I last saw her alive on **Oct 30**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Bacillary Dysentery** **5 days**

Due to \_\_\_\_\_  
Due to **12/10**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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? \_\_\_\_\_

**585**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **C. C. East** (M. D. or other) **1940**  
Address **Caruthersville** Date signed **11/31/40**

3. (a) PRINT FULL NAME **Sharon Lu Gray**

3. (b) If veteran, name war **Infant** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 31 - 1938**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **11** Days **29** If less than one day  
hr. min.

9. Birthplace **Braggadocio Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Lawrence Gray**

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

14. Maiden name **Rhoda Lee**

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

16. (a) Informant **Rhoda Gray**

(b) Address **Caruthersville, Mo.**

17. (a) **Burial** (b) Date thereof **10-31-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Senath, Mo.**

18. (a) Signature of funeral director **E. Simpson, Burn**  
(b) Address **7 Cornersville, Mo.**

19. (a) **Oct 31, 1940** (b) **Lida Martin**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

11-40-13

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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.....

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, above space should be left blank.**