

No. 2
4-13-40
-17-39
X23159

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 40

80
66
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (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:
1000 W 4th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community _____
years, months or days

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Josena 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased February 1, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Upholster
 11. Industry or business Auto repair

MOTHER FATHER
 12. Name Theo F. Gray
 13. Birthplace Hamilton, Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josena Gray
 (b) Address 1000 W. 4th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof 1/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
 (b) Address Sedalia, Missouri

19. (a) 1/28/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 1000 W. 4th Street 4
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
 year 1941 hour 12 minute 20 M.

I hereby certify that I attended the deceased from August 31, 1940 to January 25, 1941
 that I last saw him alive on January 25, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease, Myocarditis, Chronic. Duration 5 yrs

Due to Myocardial degeneration
 Due to Thrombo-angitis obliterans 2 days

Other conditions None
(Include pregnancy within 5 months of death)

MAJOR FINDINGS
 Of operations No operation
 Of autopsy no 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) None
 (b) Date of occurrence _____

(c) Where did injury occur? No injury
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury

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

23. Signature H. S. Sneed (M.D. or other)
 Address Sedalia, Mo. Date signed 1/28/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-6

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sealvia 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.