

No. 2
-17-39
X23159

FILED MAR 14 1941

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 5

1. PLACE OF DEATH: Benton

(a) County Benton

(b) City or town Lincoln R. F. D. Williams Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Six Miles South East of Lincoln
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 Years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mrs Hannah Ellen Gray

3. (b) If veteran, name war No

3. (c) Social Security No. 110

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife James Howard Gray 6. (c) Age of husband or wife if Dead years

7. Birth date of deceased November 15 1849
(Month) (Day) (Year)

8. AGE: 92 Years Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Cassaday

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

14. Maiden name Elizabeth Moricle

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

16. (a) Informant Eunice Cassaday

(b) Address Lincoln Mo R F D

17. (a) Burial (b) Date thereof Feb 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Cemetery

18. (a) Signature of funeral director E. L. Rickhoff

(b) Address Cole Camp Missouri

19. (a) FEB. 25 - 1941 (b) SUE SELOYER
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. Six Miles South East
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1931 - Jan
1931 to 2/19 (1941)
that I last saw her alive on 2/2/41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis

Due to Cerebral hemorrhage 10 day

Due to Fracture of R. femur at acetabulum 6 mos.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

(*) 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) Accidental fracture

(b) Date of occurrence August 1949

(c) Where did injury occur? at home
(City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm - at home

(Specify type of place) _____

While at work? no (e) Means of injury Fall on rock

23. Signature C. E. Bennett (M. D. or other) D

Address Lincoln Mo Date signed 2/24/41

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

RECEIVED

District Health Officer No. 7,

District File Number 3-41-430

Date Filed 3-5-41

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.....

E. L. Eickhoff

..... 730
Licensed Embalmer No.

P. O. Address Cole Camp 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.