

19 MAR 19 1945 12  
Registration District No. 5682

Primary Registration District No. 5682

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Atterton  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Atterton  
(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

3. (a) PRINT FULL NAME Etta E. Gray  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Emerson Gray  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 24 1862  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 17 year 1944 minute 4 A. M.  
21. I hereby certify that I attended the deceased from Jan 9 1944 to Feb 17 1944  
that I last saw her alive on Feb 16 1944 and that death occurred on the date and hour stated above.  
Immediate cause of death Influenza

| 8. AGE: | Years     | Months    | Days      | If less than one day       |
|---------|-----------|-----------|-----------|----------------------------|
|         | <u>78</u> | <u>10</u> | <u>23</u> | <u>-</u> hr. <u>-</u> min. |

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Bronchitis  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Atterton, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_  
12. Name Eliss Smith  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy J. Smith  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl B. White  
(b) Address Brunswick Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation Atterton, Mo.  
18. (a) Signature of funeral director James D. Gordon  
(b) Address Lehlersoche Mo.  
19. (a) Feb 18 1944 (b) Hard Stamp  
(Date received local registrar) (Registrar's signature)

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? Y  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. W. Carpenter (M. D. or other) \_\_\_\_\_  
Address Chubbuck Mo. Date signed Feb 17 1944

Physician  
Duration HR  
Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 5-17-39  
REV. 5-17-39  
U. S. GOVERNMENT PRINTING OFFICE: 1938

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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 James D Gordon  
Licensed Embalmer No. 1870  
P. O. Address Lehighville 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, above space should be left blank.**