

APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11247

State File No. \_\_\_\_\_

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 weeks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn <sup>58</sup>

(c) City or town Marceline <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Hillian Gridley

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1941 hour 3 minute 15 P.M.

4. Sex 7 / 1 5. Color or race W

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

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

7. Birth date of deceased June 5 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-11, 1941 to 3-24, 1941, that I last saw her alive on 3-24, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute myocarditis Duration 3 da

9. Birthplace: Thomas Hill Mo  
(City, town, or county) (State or foreign country)

Due to Pericarditis of Lignand 6 da  
(operated) 0

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) 468

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

MOTHER FATHER

12. Name John R. Wrayn

18. Birthplace Fairfax Ma  
(City, town, or county) (State or foreign country)

14. Maiden name Florence B. Wrayn

15. Birthplace College Mound Mo  
(City, town, or county) (State or foreign country)

Major findings: Pericarditis of Lignand 468

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

Of autopsy 0

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. M. Wrayn

(b) Address Marceline Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

17. (a) Burial (b) Date thereof Mar 26 4  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

18. (a) Signature of funeral director James Maughlin

(b) Address Marceline Mo

(Specify type of place) 0 (e) Means of injury \_\_\_\_\_

While at work? 0

19. (a) 3-27-41 (b) John Wrayn  
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Wrayn (M. D. or other) \_\_\_\_\_

Address Brookfield Mo Date signed 3/26/41

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.

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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 Dale Bunch  
Licensed Embalmer No. 4088  
P. O. Address Marceline 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.**