

1. PLACE OF DEATH:

(a) County Bole  
(b) City or town Jefferson City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Marys - 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Call 999  
(c) City or town St. Paul, Minnesota 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2623 W. 7th St. (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Dale Gordon Spray

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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 9 (Month) 10 (Day) 1941 (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

12. Name Gordon Spray

13. Birthplace St Paul, Minn (City, town, or county) Minn (State or foreign country)

14. Maiden name Mary Ann LaValla

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

16. (a) Informant Gordon Spray

(b) Address Dixon, Mo

17. (a) Burial (b) Date thereof 9-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Mo

18. (a) Signature of funeral director Ed N Gilbert

(b) Address Dixon, Mo

19. (a) 9-20-41 (b) Norma Tucker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 20  
year 1941 hour 5:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 18  
(9 pm), 1941, to Sept 20, 1941  
that I last saw him alive on Sept 20 (5 pm), 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (See mother's)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 159  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E B House (M. D. or other) MD

Address Jefferson City, Mo Date signed 9/21/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**