

FILED MAR 25 1942
 Registration District No. 871

Primary Registration District No. 4553

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Sikeston MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 5
 (c) City or town Sikeston 2
(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.? 0 years.

3. (a) PRINT FULL NAME DESSIE GRAY

3. (b) If veteran, name war NONE 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William O. Gray 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Aug 16 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alex Seabaugh

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

14. Maiden name Mills Hanners

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

16. (a) Informant W. O. Gray

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. J. Welsh

(b) Address Sikeston Missouri

19. (a) 2-18-42 (b) H. B. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 15
 year 1942 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov. 1 1940 to Feb 15 1942
 that I last saw her alive on Feb 15 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy No

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

(a) Accident, suicide, or homicide (specify) no

(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? _____
(Specify type of place) (e) Means of injury _____

23. Signature M. Handerson (M. D. or other)

Address Sikeston, Mo Date signed 2-18-42

Physician
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 3427371

Date Filed 3/12/42

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.