S. No. 2
1—9-4-41
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1601

State File No. 23846

Registrar's No. 699

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1506 Pacific (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1506 Pacific St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna Margaret Gray

3. (b) If veteran, name war no

3. (c) Social Security No. 493-14-7332

4. Sex Female

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 Feb 23, 1920 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	4	10	hr. min.

9. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Office work

11. Industry or business Feeney Construction Co

FATHER
12. Name Joseph J. Gray
13. Birthplace Gentry County, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna O'Halloran
15. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs J. J. Gray

(b) Address 1506 Pacific St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St

19. (a) 7-6-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1941 to July 3, 1942 that I last saw her alive on June 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 P

Major findings:
Of operations
Of autopsy none

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)

(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)

While at work? (e) Means of injury

23. Signature John J. Bryan (M. D. or other) Mt

Address St Joseph Mo Date signed 7-5-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.