

U.S. No. 2  
Form-1-4-41  
Rev. 5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 14 1942  
Registration District No. 757

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25514  
Registrar's No. 15-

Primary Registration District No. 45-20

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

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Osgood Bauman Town  
(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  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Sullivan  
(c) City or town Osgood  
(d) Street No.  
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME RAYMOND OREN GRAY  
(b) If veteran name war  
(c) Social Security No. 70.7-12-6829

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July, day 30, year 1942, hour 3:50 a.m., minute 35 a.m.

4. Sex male, race white  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ethel Gray  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased June 20 1891

21. I hereby certify that I attended the deceased from Feb. 16 1942 to July 30 1942 that I last saw him alive on June 29 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 51, Months 1, Days 10, If less than one day

Immediate cause of death: Cancer of Liver  
Duration 10 mo

9. Birthplace Sullivan Co. Mo  
10. Usual occupation Retired Section Foreman

Due to: H&F  
Due to: Complications  
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business Rail Road Section Foreman  
12. Name Eliza Gray  
13. Birthplace Mo  
14. Maiden name Arnetta Dickerson  
15. Birthplace Mo

Major findings: None  
Of operations: None  
Of autopsy: None  
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ethel Gray  
(b) Address Osgood Mo.  
17. (a) Burial (b) Date thereof 8-1-42  
(c) Place: burial or cremation Union Grove  
18. (a) Signature of funeral director P.K. Payne  
(b) Address Galt Mo  
19. (a) Date received local registrar July 31 (b) Registrar's signature Mrs. Sabe Johnson

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 00  
(b) Date of occurrence 00  
(c) Where did injury occur? 00  
(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 U.S. Bradley (M. D.)  
Address Star 1070 Date signed 7/30/42

RECEIVED

District Health Officer No. 10

District File Number 8-42-65-80

Date Filed AUG 13 1942

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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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.