

Registration District No. 47

Primary Registration District No. 5135

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Broasely #1
(c) Name of hospital or institution: ash Hill Farm
(d) Length of stay: In hospital or institution 5 months
In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 12
(c) City or town St. Louis Mo.
(d) Street No. _____
(e) Citizen of foreign country? None

3. (a) PRINT FULL NAME Mary Jane Gray
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month March day 5th
year 1943 hour 1:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from March 5
1943 to March 5 1943
that I last saw her alive on March 5 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
7. Birth date of deceased: April 1 1884

Immediate cause of death Heart failure

8. AGE: Years 88 Months 11 Days 4 If less than one day _____ hr. _____ min.

Due to arteriosclerosis _____ years

9. Birthplace Washington Co. Illinois

Due to senility

10. Usual occupation Housewife

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

11. Industry or business _____
12. Name John Nichols
13. Birthplace Unknown
14. Maiden name Julia
15. Birthplace Unknown

Major findings: Of operations 97
Of autopsy _____

16. (a) Informant Sarah Brown
(b) Address Broasely, Mo.

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

17. (a) Removal (b) Date thereof Mar. 5, 1943
(c) Place: burial or cremation Urgennes, Ill.

18. (a) Signature of funeral director Lloyd Russell
(b) Address Plymouth, Ark
19. (a) 3-21-43 (b) Wille Turner

23. Signature Gordon Campbell
Address Fish Mt. Date signed 3/21/43

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

1200

RECEIVED

District Health Office No. 2,

District File Number 243-406

Date Filed 2-20-43

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 with the above constitutes grounds for revocation of license.)

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