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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14951

FILED MAY 7 1942

Registration District No. 41 — Primary Registration District No. 5829 — Registrar's No. 61

1. PLACE OF DEATH
(a) County: New Madrid
(b) City or town: Rural — Portageville
(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 .....

2. USUAL RESIDENCE OF DECEASED: 22 0 0
(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural
(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: Billy Joe Grayse
3. (b) If veteran, name war: /
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: B
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: July (Month) 6 (Day) 1942 (Year)
8. AGE: Years ..... Months 2 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace: New Madrid Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business .....
MOTHER FATHER
12. Name: Joe Grayse
13. Birthplace: (City, town, or county) Mississippi (State or foreign country)
14. Maiden name: Willie Mae Horne
15. Birthplace: (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant: Joe Grayse
(b) Address: Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville Mo
18. (a) Signature of funeral director: Funeral
(b) Address .....
19. (a) May 1-42 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 6th, 1942, to Sept. 7, 42, 19..; that I last saw him alive on Sept. 7, 42, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition	
Improperly fed	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations	
Of autopsy: No	

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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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: A. A. Reeder (M. D. or other)
Address: Portageville, Mo. Date signed: Sept. 10/42

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 543-604
Date Filed 5-6-43

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 Not Embalmed., Registered Apprentice No. ..... working under my personal supervision.

Signed Noel C. Deare

Licensed Embalmer No. 3941

P. O. Address Portageville 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.