

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED. AUG 11 1943
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 412

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1130 Monroe
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rhoda Gray

3. (b) If veteran, name war ** ** *

3. (c) Social Security No. ** ** *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 10 minute 55 P. M.

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Wm. H. Gray

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 19, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22 to July 27
19 43 to 19 43

that I last saw her alive on July 27, 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 8
If less than one day hr. min.

Immediate cause of death Lobar Pneumonia

Due to Hypostatic congestion

Due to Prostatic tumor

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation retired

PHYSICIAN 1869

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 10

11. Industry or business house-duties

12. Name James Craig

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

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Swales

(b) Address 718 Roosevelt

17. (a) Burial 1130/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 7-30-43 (b) Gertude Sudholzer
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Gradual of fever

(b) Date of occurrence June 22, 43

(c) Where did injury occur? home
(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 fall

23. Signature J. M. Gray (M. D. or other)

Address Joplin Date signed 7-30-43

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

522
19
41

49
2
5

MOTHER FATHER

43-7-673

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 Terry K. Schubert

Licensed Embalmer No. 289

P. O. Address Superior, N.D.

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.