

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

FD-203  
OCT 19 1943 43

Registration District No. 43

Primary Registration District No. 5136

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Rural - Route 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Harviell - Beaver Sawstop  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Harviell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ardell Grayer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 16  
year 1943 hour 3:40 minute \_\_\_\_\_ A. M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Harvey Grayer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 11, 1914  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27, 1943 to Sept 1, 1943  
that I last saw her alive on Sept 1, 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death: pulmonary tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace Vicksburg Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Henry Lewis  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Lily Ward  
15. Birthplace Jackson Mississippi  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harvey Grayer  
(b) Address Route 1, Harviell, Mo.  
17. (a) Burial (b) Date thereof Sept. 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Madrid Cemetery  
18. (a) Signature of funeral director Richards Funeral Home  
(b) Address New Madrid, Missouri  
19. (a) 9-29-43 (b) Belle Dime  
(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) \_\_\_\_\_  
(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 St. ... (M. D. or other) \_\_\_\_\_  
Address ... Date signed 9/25

RECEIVED

District Health Office No. 2,

District File Number 1043-1302

Date Filed 10-15-43

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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.....  
..... Not embalmed ....., 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.**