

No. 2
9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35921

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

FILED OCT 19 1943

Registration District No. 335

Primary Registration District No. 60676118

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Oran rural
(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 —
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

(d) Street No. —
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Isaac Simpson Gray

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov 28 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 5 If less than one day — hr. — min.

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

10. Usual occupation Farming

11. Industry or business —

12. Name Dont Know

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

14. Maiden name Dont Know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Belton Gray

(b) Address 4512 1/2 S. 1st

17. (a) Burial (b) Date thereof 7-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uniontown, Ky.

18. (a) Signature of funeral director Ellis T. Smith

(b) Address 1074/45

19. (a) 10/4/43 (b) W. E. Schuman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 43 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1942 to 7/3, 1943
that I last saw him alive on 6/30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Indocarditis 1 yr

Due to X

Due to X 92d

Other conditions X
(Includes pregnancy within 3 months of death)

Major findings: X
Of operations X

Of autopsy X

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

(a) Accident, suicide, or homicide (Specify) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

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

While at work? X (Specify type of place)

(e) Means of injury X

23. Signature W. E. Schuman (M. D. or other) —

Address Oran Mo Date signed 7/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

73-1 N. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1043-1289

Date Filed 10-11-43

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, July 3 - 9

Registered Apprentice No. _____

working under my personal supervision.

Signed Robert E. Egan

Licensed Embalmer No. 4218

P. O. Address Suburban, Va

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.