S. No. 2
M—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28596

FILED FEB 4 1944

Registration District No. 3017 Primary Registration District No. 3017 Registrar's No. 12

27 / 2

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: 814 WATER STREET 1
(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 LIFE

2. USUAL RESIDENCE OF DECEASED: 27

(a) State MISSOURI (b) County COOPER 1

(c) City or town BOONVILLE 2
(If outside city or town limits, write "RURAL")

(d) Street No. 814 PINE STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS MARY PEARL GREY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO 3

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased OCTOBER (Month) 24 (Day) 1871 (Year)

8. AGE: Years 72 Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name JAMES GREY
13. Birthplace ..... (City, town, or county) VIRGINIA 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant HOLWELL MAY
(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) Jan-10-44 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8th year 1944 hour 1:15 minute p. M.

21. I hereby certify that I attended the deceased from nov, 1942, to Jan 8, 1944 that I last saw him alive on 12-24-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis and Cystitis — Duration ?

Due to .....

Due to .....

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

Major findings:
Of operations none
Of autopsy none

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 T C Beckett M.D. (M. D. or other)
Address Boonville, Mo Date signed 1-10-44

105Y (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-3-44

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.