

FILED JUN 22 1944

Registration District No. 100

Primary Registration District No. 3030

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(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 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus 50
(If outside city or town limits, write "RURAL")

(d) Street No. Lee Ave 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel Oliver Gray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1944 hour 6 minute 30 PM

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July - 6 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2 1944 to March 15 1944
that I last saw him alive on March 14 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death: Chronic Myocarditis

Due to Chronic Bronchitis and Carcinoma of Mouth & Throat

Duration 6 years

9. Birthplace Festus Mo. 0
(City, town or county) (State or foreign country)

10. Usual occupation Glassworker

Other conditions (Include pregnancy within 3 months of death)

Major findings: HSC

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Newton Gray

13. Birthplace Unknown 19
(City, town or county) (State or foreign country)

14. Maiden name Olivera Nocer

15. Birthplace Genoa Italy 5
(City, town or county) (State or foreign country)

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 D

16. (a) Informant Robert Auzar

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Catholic Cem.

18. (a) Signature of funeral director J. S. Dingyard

(b) Address Festus Mo.

19. (a) Mar 18, 1944 (b) Mrs. Lily Williams
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Zimmerman M.D. (Date) Mar 19, 1944
Address Crystal City, Mo. Date signed _____

1354

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-21-44

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..... *F. H. T. Myard*.....

Licensed Embalmer No. 3010

P. O. Address..... *Festus*.....

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.