

FILED DEC 6 1945
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill Mo RR 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR 1 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Syranus E Gray

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1945 hour 6 minute 35 P.M.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Anna Bell Gray

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: Aug 4 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Deputy Coroner 19
that I last saw him alive on _____ 19
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage Duration _____

8. AGE: Years 41 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace: Pleasant Hill RR 1 Mo
(City, town, or county) (State or foreign country)

Due to Auto Trauma

Due to (Pedestrian)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A. Gray

13. Birthplace Flournoy Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jelly Bell Gussbell

15. Birthplace Jackson Co. Mo
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 1706 21

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Anna Bell Gray

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov 25 45
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director Frank Hark

(b) Address Pleasant Hill Mo

19. (a) 11-24-45 (Date received local registrar)

(b) Maldine Holmes (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-21-45

(c) Where did injury occur? Pleasant Hill, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? No (e) Means of injury Auto Trauma

23. Signature J N Oelkins (M: D: or only)

Address Reno City Mo Date signed 11/24/45

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

J. Dwight Herrick

Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hill 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.