

S. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41210

FILED JAN 14 1946

State File No.

Registration District No. 128

Primary Registration District No. 5000

Registrar's No. 1019

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
933 East Loenst St. 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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 933 East Loenst 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Sarah Margaret Gray

3. (b) If veteran, name war Alone

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive Dec-1860 years

6. (b) Name of husband or wife S. B. Gray

7. Birth date of deceased November 17 - 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Retired

12. Name Benjamin S. Brewer

13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Haney Edge

15. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. W. Simmons

(b) Address 933 Loenst St. Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Steve A. Brown

(b) Address Walnut Grove, Missouri

19. (a) Dec-10-1945 (b) Dr. W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1945 hour 8 minute 2 A.M.

21. I hereby certify that I attended the deceased from 5/2/45 to 12/9/45
that I last saw him alive on 12/9/45 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis with external of lung

Due to Age of 85 yrs -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy No

Duration

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 W. E. Handley M.D. (M. D. or other)

Date signed 12/10/45

Address Hall St. Springfield Mo

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

MOTHER FATHER

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, N.C.

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.

X