

FILED FEB 28 1946

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 23

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Rural, N. Campbell Twp.  
(c) Name of hospital or institution:  
Route 51  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Rural - Springfield, Mo. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 51  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) No  
If yes, name country.....

3. (a) PRINT FULL NAME

WILLIAM A. GRAY

(b) If veteran, name war.....

UNK.

(c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7  
year 1946 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from  
No Physician in attendance 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Crushing injury of skull  
Due to Spunk by automobile, while a pedestrian  
Due to.....

Duration

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

Major findings:  
Of operations.....

Of autopsy.....

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) Accident  
(b) Date of occurrence Jan 7, 1946  
(c) Where did injury occur Greene Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
h. Grand St. Road.  
While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature Minerva C. Stone (M. D. or other).....  
Address Springfield, Mo. Date signed 1-7-46

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

MOTHER FATHER

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if live. DEC. 23, 1867

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Greene Co. Mo. (City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Thomas J. Gray

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

14. Maiden name Unknown

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

16. (a) Informant Margaret Wilkins

(b) Address Morton Gray, Ill.

17. (a) Buried (b) Date there Jan 10-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director W. H. Lyons & Co.

(b) Address Springfield, Mo.

19. (a) 10-46 (b) W. H. Handley (Date received from Registrar) (Registrar's signature)

MAR 25 1946

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**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 *May Alford*  
.....  
Licensed Embalmer No. *40710*  
.....  
P. O. Address *Springfield*  
.....

**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