S. No. 2
1—8-43
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X37823

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

29893

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31062

State File No.

FILED SEP 16 1946

Registration District No. 249 251 Primary Registration District No. 4370 Registrar's No. 136

**1. PLACE OF DEATH:**

(a) County Nodaway

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

(c) Name of hospital or institution: No 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community about 21 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway 74

(c) City or town Clearmont 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Pearl B. Gray

3. (b) If veteran, name war No

3. (c) Social Security No. 495-26-1109

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jessie Young Gray

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 1 (Day) 1884 (Year)

8. AGE: Years 62 Months 1 Days 0 If less than one day hr. min.

9. Birthplace East of Clearmont (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Manager of telephone Co.

11. Industry or business

FATHER
12. Name John F. Gray
13. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name America Griffey
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Kenneth D. Adams

(b) Address Clearmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville Missouri

19. (a) Sept. 3 1946 (Date received local registrar) (b) Bess Holt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept 1 day 1946 year hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 9-1944, 19, to Sept 1, 1946 that I last saw her alive on Aug 31, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Failure + Pulmonary Congestion | 1 mo. |
| Due to Bronchogenic Cavanoma c Metastasis | 3 yr. |
| Due to to the brain causing R sided hemiplegia | 5 mo |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

470

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Marvin Ford (M. D. or other) DO

Address Elmo Mo Date signed 9-3-46

227 (Licensed Embalmer's Statement on Reverse Side)

JUL 21 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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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 W. Clean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.**