

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10175
Registrar's No. 44

Registration District No. 251

Primary Registration District No. 4378

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Ravenwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Ravenwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT WILLIAM IRVING GRAY
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th
year 1947 hour 6 minute 00 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julia Gray
6. (c) Age of husband or wife if alive _____ Years
7. Birth date of deceased August 15, 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 24 - 47
1947 to Feb 29 - 47
that I last saw him alive on March 8, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 6 Days 23
If less than one day hr. - - min.

Immediate cause of death Tuberc Pneumonia
Duration _____

9. Birthplace Cantrel Iowa
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Farming

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

11. Industry or business None

Major findings:
Of operations _____
Of autopsy 108
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James P. Gray
13. Birthplace Delaware
(City, town, or county) (State or foreign country)
14. Maiden name America Miller
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Moore
(b) Address Conception Jct., Mo.

17. (a) Burial (b) Date thereof 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravenwood Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 25-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

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 A. J. Garton (M. D. or other) Pro
Address Maryville, Mo. Date signed 3-11-47

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

74
0
0

229

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

John W. Price

Licensed Embalmer No. *4281*

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.