

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13003**

Registration District No. **101**

Primary Registration District No. **5400**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 Douglas **34**

(c) City or town Ava  
(If outside city or town limits, write "RURAL" and name of township) **0**

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dolly Corrine Gray

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1947 hour 7 minute 45 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Maryn L. Gray

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: March 12 1920  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/5-47 to 3/12-47  
that I last saw her alive on 3/11-47 and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia

Duration \_\_\_\_\_

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Johnnie Hatfield

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Elna Hayse

15. Birthplace St. Joe, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Maryn L. Gray

(b) Address Brushyknob, Mo.

17. (a) Burial (b) Date thereof 3-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushyknob

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? \_\_\_\_\_

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

(b) Address Ava, Missouri

19. (a) Apr 12-47 (b) Wesley Bushman  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature R.A. Ryan (M. D. or other) \_\_\_\_\_  
Address Mtn. Grove, Mo. Date signed 3/17-47

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

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84

RECEIVED

District Health Officer No. 6;

District File Number 447-471

Date Filed APR 22 1947

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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 B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Oran 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.