

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17961

State File No.

FILED MAY 29 1947
Registration District No. 177

Primary Registration District No. 5637

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Clay Twns.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 Yrs. (Specify whether
in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

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

(d) Street No. 4 Mile North of Odessa
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice G. Grey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 5 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 8 17 hr. min.

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

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry D. Mills

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

14. Maiden name Emily Dillon

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

16. (a) Informant Artie Grey

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Mar. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenon Cem. Odessa, Mo.

18. (a) Signature of funeral director Husman Sparks

(b) Address Odessa, Mo.

19. April 26 1947 Letta Drummond
(Date received local registrar) (Registrar's signature) 152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 16, 1947 to Mar 22, 1947
that I last saw him alive on 3/21
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Hypostatic

Due to Carcinoma of Stomach

Due to Myocarditis and Atherosclerosis

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

Duration

PHYSICIAN

Major findings:
• Of operations _____

Of autopsy HLD

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? Mo.

(Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature [Signature] (M. D. certifying) _____
Address Odessa, Mo. Date signed 3/25/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-22-47

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 William T. Sparks

Licensed Embalmer No. 4431

P. O. Address. Desa, 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.