

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
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34862

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 116

FILED NOV 3 1947
 Registration District No. 164

Primary Registration District No. 2032

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Warrensburg Clinic & Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 Days
(Specify whether
 In this community 20 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 319 E. Market
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Aaron Gray
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 23
 year 1947 hour 12 minute 45 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie L Gray
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Mar 15 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 30
1947 to Oct 23, 1947
 that I last saw him alive on Oct 23, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 8
 If less than one day hr. _____ min. _____

Immediate cause of death Ch. myocarditis
 Duration ?

9. Birthplace Lebanon Russell Co. Va.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Real Estate & Ins. Agency

Major findings:
 Of operations 312
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER
 12. Name Geo. Wm. James Gray
 13. Birthplace Lebanon Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie T. A stor
 15. Birthplace Lebanon Va.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs T.A. Gray
 (b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo.

18. (a) Signature of funeral director Sweeney Phillips
 (b) Address Warrensburg Mo.

19. (a) 10-24-47 (Date received local registrar)
 (b) Savannah Crest (Registrar's signature) 1177

Signature R.F.M. K... (M. D. or other) MD
 Address Warrensburg Mo Date signed 10-24-47

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..... *J. Earl Priest*

Licensed Embalmer No..... 3878

P. O. Address..... **Warrensburg 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.