

1. PLACE OF DEATH:

(a) County... Pemiscott

(b) City or town... R#1 Steele

(c) Name of hospital or institution: *Holland Hosp 1*  
(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... Mo. (b) County... Pemiscott 78

(c) City or town... Steele Mo. (If outside city or town limits, write "RURAL")

(d) Street No... R#1 *Holland Hosp* (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME... Charley M. Gray

3. (b) If veteran, name war... World war #1

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

MEDICAL CERTIFICATION  
21st Sept. 1947

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

4. Sex... Male (5. Color or race... White)

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

6. (b) Name of husband or wife... Olive

6. (c) Age of husband or wife if alive... 46 years

7. Birth date of deceased... Oct. 25 1895 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 10-47* to *Sept 25-47* that I last saw him alive on *Sept 15 12:05 A* and that death occurred on the date and hour stated above.

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

52

Immediate cause of death... *Lsby Heart - part of my knowledge*

Due to... *Enlargement of Heart*

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

10. Usual occupation... Farmer

Due to.....

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

11. Industry or business.....

12. Name... Dont know

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

14. Maiden name.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant... *Oliver Gray*

(b) Address... R31 Steele Mo.

17. (a) Burial (b) Date thereof... 9-29-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Manilla Ark.

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... *Ed Funeral Home*

(b) Address... *Blytheville Ark.*

19. (a) *4-29-47* (b) *S. J. Williams* (Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury... 0

23. Signature... *D. C. Williams* (M. D. or other)

Address... *Holland Mo* Date signed... *11-27-47*

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

MOTHER FATHER

12-47-322

JAN 22 1948

**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 James R. Stovall  
Licensed Embalmer No. 3100  
P. O. Address Blytheville

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.