

No. 2
2-45
17-39
X47070

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

FILED FEB 6 1948
Registration District No. 1248

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether Life)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1216 N. Douglas
(If rural, give location) 6

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Maltilda Gray

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1948 hour 2 minute 30 p.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Gray

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

7. Birth date of deceased April 16 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 1946 to 20 Jan 1948
that I last saw her alive on 20 Jan 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 9 Days 4
If less than one day hr. _____ min.

Immediate cause of death: Carcinomatous metastatic adenocarcinoma, intestine, pituitary.

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

Due Carcinoma of cervix uteri.

10. Usual occupation Housewife

Due to _____

Other conditions (Include pregnancy within 3 months of death) H&A

11. Industry or business _____

Major findings: Carcinoma Cervix uteri
Of operations 11 Nov 46
Of autopsy _____

12. Name Claude Fuzzell

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

22. If death was due to external causes, fill in the following:

14. Maiden name Lucy Mersky

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

(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? _____

16. (a) Informant George Gray

(b) Address Springfield, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury 0

17. (a) Burial (b) Date thereof 1/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

23. Signature J. Newton Wakeman (M. D. or other) _____
Address Spfld, Mo Date signed 21 Jan 1948

19. (a) 1-22-48 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

10-13-1910

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 Roy H. Mercer Jr.
Licensed Embalmer No. 4432
P. O. Address Springfield, 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.