FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 184

STANDARD CERTIFICATE OF DEATH

State File No. 20059
Primary Registration District No. 3038
Registrar's No. 50

1. PLACE OF DEATH:
(a) County LINN
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn
(c) City or town New Boston
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

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0
0
0

3. (a) PRINT FULL NAME Reta Mae Gray
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 26. (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Brookfield (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation —
11. Industry or business —
FATHER
12. Name William E. Gray 0
13. Birthplace Glenwood (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name FRANCES APEL
15. Birthplace New Boston (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant William E. Gray
(b) Address New Boston Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Boston, Mo.
18. (a) Signature of funeral director Carson Funeral Service
(b) Address Buckling Mo.
19. (a) June 7. 1948 (Date received local registrar) (b) W. B. Erwin (Registrar's signature) 11.17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6.
year 1948 hour 9 minute — a.M.
21. I hereby certify that I attended the deceased from June 5. 1948, to June 6 1948
that I last saw her alive on June 6, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital Heart	10 do
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 157E
Of autopsy none

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature C. C. Enoch DO. (M. D. or other)
Address Brookfield Mo Date signed 6/8/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.