

2
43
39
137823

FILED JUL 8 1944
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 2679

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Warrens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
536 & 2 Walnut St
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. (Specify whether
In this community Do not know (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Robert A Gray

3. (b) If veteran, name was Do not know 3. (c) Social Security No. Do not know

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Do not know 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ If less than one day
hr. min.

9. Birthplace Do not know (City, town, or county) (State or foreign country) 9

10. Usual occupation Do not know

11. Industry or business _____

MOTHER FATHER { 12. Name Do not know 9

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name Do not know

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Coroner office

(b) Address Warrens City Mo

17. (a) Removal (b) Date thereof June 27 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rupus Mo

18. (a) Signature of funeral director Passantino Bros.

(b) Address Warrens City Mo

19. (a) 6-27-44 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Warrens City Mo 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 536 & Walnut St 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 8 minute 22 a.m.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. Deputy Coroner _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart
Disease.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations _____

Of autopsy Inspection History

PHYSICIAN

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?

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

23. Signature A. E. Walker (M. D. or other) MD
Address 25 W. 1st Date _____

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

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 Paul H. Rowe

Licensed Embalmer No. 2347

P. O. Address 11011 1/2 Ave N

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.