No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

Registration District No. 2 2 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4333

35100
State File No.

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Clarksburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lee Gray
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July (Month) 13 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Moniteau Co. (City, town, or county) Mo. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James K Hodge 0
13. Birthplace Moniteau Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Moniteau Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Hattie Geier
(b) Address Jamestown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Cal. Mo.
18. (a) Signature of funeral director Hugh E Williams
(b) Address California Mo.
19. (a) 10-7-47 (Date received local registrar) (b) Birdie Staggs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Sept 3, 1947 to Oct 4, 1947; that I last saw her alive on Oct 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Generalized arteriosclerosis	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 0

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 10-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number OCT 16 1947
Date Filed

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.