

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41602
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 441
(b) Township GREENA Primary Registration District No. 2002 Registered No. _____
(c) City JOPLIN, MO (d) Street No. Greenau Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. GLEN RAY
WEBB CITY, MO St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PAULINE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th 1914
7. AGE YEARS 7 3/4 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. MINER
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUGOTON, KANSAS

FATHER 13. NAME RALPH RAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, ILL

MOTHER 15. MAIDEN NAME NEILSON SWEET
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KIRKSVILLE, MO

17. INFORMANT (ADDRESS) MRS LOUIS CRAYBAUGH
JOPLIN, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Gr. Mem. DATE 11-23 1937

19. FUNERAL DIRECTOR (ADDRESS) FRANK SIEVERS
JOPLIN, MO

20. FILED 11-22 1937 Ed J. Janner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1937, to 11-21, 1937.

I last saw him alive on Nov. 21, 1937. Death is said to have occurred on the date stated above, at 2:45am 11/21/37

The principal cause of death and related causes of importance were as follows:

Automobile Accident -
which car collided with
electric light pole - neck was
broken - other fractures on right
side of forehead at edge of hair
Date of onset _____

Other contributory causes of importance:
(driving own car)

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/21, 1937

Where did injury occur? Highway 66 - W. 7 - Jasper
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
on Highway - Jasper County, Mo -

Manner of injury Automobile Accident
Nature of injury Fract skull & broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. B. Winchester Coroner, M. D.

(Address) Joplin, Mo -

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, David E Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3898 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed David E Dillon

Licensed Embalmer No. 3898

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.)