

REC'D APR 15 1938

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

10246
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127 Registered No. 14
(c) City St. Joseph (d) Street No. Route # 5 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Elizabeth Ray 000

(a) Residence, No. Route # 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William B. Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington County
(STATE OR COUNTRY) Maryland

FATHER 13. NAME B. F. Clark
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Ernest Ray
(ADDRESS) Route # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE March 8, 1938

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED Mass. 7 1938 B. H. Tadlock M.D.
M.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1938 193822. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 5, 1938

I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Coronary ThrombosisDate of onset 3/5/38Other contributory causes of importance: 820!

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. R. J. ... M. D.

(Address) St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Eare a Clark Licensed Embalmer No. 3476

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

Eare a Clark L. E.

No. 3476 or by Registered Apprentice No.

working under my personal supervision.

Signed Eare a Clark

Licensed Embalmer No. 3476

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.)