

REC'D JUL 20 1938

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

21897  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township Campbell Primary Registration District No. 5439  
 (c) City Springfield (d) Street No. R.R. X H 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.

Registered No. 5032. PRINT FULL NAME RACHEL MARIE RAY

(a) Residence, No. Springfield R.R. H 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 (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-7-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 0 9 17

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.

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) Springfield Mo.13. NAME Homer Ray14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo.15. MAIDEN NAME Lola Gard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo.17. INFORMANT (ADDRESS) Homer Ray Springfield R.R. H18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 6-25 193819. FUNERAL DIRECTOR (ADDRESS) Dunn-Hall Springfield Mo.20. FILED June 24, 1938 Chas. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-24 193822. I HEREBY CERTIFY, That I attended deceased from June 23 1938, to June 24 1938I last saw him alive on June 24 1938. Death is said to have occurred on the date stated above, at 12:45pm.

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

Acute Bacter-Enteritis  
(Infections)

Date of onset 6-21-38Other contributory causes of importance: 11910-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) R. Med. White, M. D.(Address) Springfield

STATEMENT BY LICENSED EMBALMER

I, CW Austin, Licensed Embalmer No. 3456

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed CW Austin  
Licensed Embalmer No. 3456

**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.)**