

REC'D SEP 13 1938

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

<p>28039</p> <p>Do not use this space.</p>
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Copy (Duplicate)

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 3350  
 (c) City Kansas City Mo. (d) Street No. 122 north Jackson 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

William Charles Ray  
 (a) Residence, No. 122 north Jackson 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Widowed</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>February 14, 1855</b>		
7. AGE YEARS <b>83</b>	MONTHS <b>8</b>	DAYS <b>8</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>retired</b>		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>farmer</b>		
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) <b>Westville Indiana</b>		
13. NAME <b>Wm. Charles Ray Sr.</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>no record</b>		
15. MAIDEN NAME <b>no record</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>no record</b>		
17. INFORMANT (ADDRESS) <b>Rexford G. Ray 122 north Jackson</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Washington</b> DATE <b>8-25-38</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Sheil Funeral Home 6606 Ind Ave</b>		
20. FILED <u>Aug 24 38 M. M. Browne</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 22-1938**

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ P.M.

The principal cause of death and related causes of importance were as follows:  
**Gunshot wound of R. Chest**  
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Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide **suicide** Date of injury **8-22-38**  
 Where did injury occur? **K.C. Mo.** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **bullet wound on anterior**  
 Nature of injury **penetrated chest wall**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) **Walter H. Sublette** M.D.  
 (Address) **Law Dept, K.C. Mo**

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

THIS IS A PERMANENT RECORD

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**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.....

Licensed Embalmer, No.....

P. O. Address.....

**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, above space should be left blank.**