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

12651
Do not use this space.

REC'D APR 18 1939

1. PLACE OF DEATH
(a) County Vernon 3 Registration District No. 875
(b) Township Wash. Primary Registration District No. 6162. Registered No. 74
(c) or City Nevada 1 (d) Street No. St Hosp # 3 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 2 yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosie Ray
(a) Residence, No. Granby Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J F. Ray.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1874

7. AGE: YEARS 64 | MONTHS 10 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Polk Co Missouri

FATHER
13. NAME Ossie Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

17. INFORMANT (ADDRESS) Hosp record

18. BURIAL, CREMATION, OR REMOVAL
PLACE Granby Mo DATE Mar 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peoples Funeral Home Granby Mo.

20. FILED Mar. 10 1939 Allen D. Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Mar 10, 1937
I last saw her alive on Mar 9, 1939. Death is said to have occurred on the date stated above, at 2:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial insufficiency	
Other contributory causes of importance:	
Senile Psychose	1935

93 P 21

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

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) F. L. Martin, M. D.
795 (Address) Nevada (St Hosp)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 7
District File Number 7-35-634
Date Filed 4-17-39

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.