

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

35022

Do not use this space.

3997

1. PLACE OF DEATH
 (a) County Jackson County Registration District No. 399
 (b) Township Ross Primary Registration District No. 1002
 (c) City Hannas City Mo. (d) Street No. 5331 Highland Ave. 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Joray **HENRY JORAY**
 (a) Residence, No. 5331 HIGHLAND St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No RECORD

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>82</u>				

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) New York

13. NAME Frank Joray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

15. MAIDEN NAME Seraphine Joray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

17. INFORMANT Sister Lorraine
 (ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MT. CALVARY DATE 10-17-39

19. FUNERAL DIRECTOR (NAME) Smith & Tolin Co
 (ADDRESS) Hannas

20. FILED Oct 18 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1939 to Oct. 15 1939
 I last saw him alive on Oct. 15 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 6 mo.
930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) Paul J. O'Rourke M. D.
 (Address) 1402 Buysie Alley

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

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
 50M-9-19-39
 I X18605

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.....

Maurice M Quirk

Licensed Embalmer No.

2226

P. O. Address.....

K. C. Mo.

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.