

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15859

State File No. _____

Registration District No. 736

Primary Registration District No. 4435

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Clark
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Clark
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

8. (a) PRINT FULL NAME Oswald S. Fray

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Fray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 15 hr. min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Fray

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Margaret Barnes

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Mrs Elizabeth Fray

(b) Address Clark mo

17. (a) Burial (b) Date thereof Apr 4 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant View, Yates mo

18. (a) Signature of funeral director Mahan and son

(b) Address Moberly mo

19. (a) 4-10-1940 (b) GT. H. H. H. H. H.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2nd year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 4 1940 and that death occurred on the date and hour stated above.
 that I last saw him alive on April 2, 1940

Immediate cause of death Chronic nephritis
 Due to Chronic nephritis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. A. Woods (M. D. or other)
 Address Clark mo Date signed 4-5-40

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RECEIVED

District Health Officer No. 10

District File Number 5-40-968

Date Filed MAY 9 1940

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 736

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Clark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Oswald S. Fray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____

(Month) (Day) (Year)

8. AGE:

Years 85 Months 10 Days 15 If less than one year _____ min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2d year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above

Immediate cause of death: Hypostatic pneumonia N. M. D.
Due to Chronic hepatitis
Due to Asbestosis
Other conditions: _____ (Include pregnancy within 3 months of death)

Duration 3 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:

Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (e) Manner of injury _____

23. Signature R. G. Woods (M. D. or other) _____
Address Clark mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER, FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

