FILED JUN 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18232

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 123

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town 501 E. High - Jeff. City (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 Ora EARL McCRAY 260

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490,09~~20~~4954

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 6 (Month) 8 (Day) 1911 (Year)

8. AGE: Years 28 Months 9 Days 3 If less than one day hr. ✓ min.

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

10. Usual occupation Beauty operator

11. Industry or business Capital Beauty Shop

FATHER
12. Name Wm Thomas McCray
13. Birthplace Versailles (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lillian Belle Carr
15. Birthplace Versailles (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Mrs Sugar

(b) Address Jefferson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Mo

18. (a) Signature of funeral director Bruschu Funeral Home

(b) Address 429 E. Capital Jeff. City Mo

19. (a) 5/14/40 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 18, 1940, to May 11, 1940, that I last saw him alive on May 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis. Suppuration

Due to Knife stab wound of chest Penetrating Pericardium

Due to Self inflicted

Other conditions Pericarditis from stab wound of chest. (Include pregnancy within 3 months of death)

Major findings: Of operation Suppurative

Of autopsy Rupture of Right Auricle

Duration 1 6

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) Suicide

(b) Date of occurrence Apr 18th

(c) Where did injury occur? Jefferson City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? His home (Specify type of place)

While at work? (e) Means of injury Self inflicted

23. Signature H. J. Taylor M.D. (M.D. or other)

Address Jefferson City Mo Date signed 5/14/40

(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.

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 Victor P. Buescher

Licensed Embalmer No. 3701

P. O. Address 429 Capitol

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

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