

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28404

REG. AUG 13 1940
Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community most of her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Laura Isabel Ray 6071

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Ben F Ray 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 22 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 28 If less than one day hr. min.

9. Birthplace: Sullivan Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Jim Byrd
13. Birthplace Ind.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sarah Solomon
15. Birthplace N Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Betty Keweenaw
(b) Address St. Louis Mo

17. (a) burial (b) Date thereof July 21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freezer Cem

18. (a) Signature of funeral director W. Spencer
(b) Address Salem Mo

19. (a) July 21 1940 (b) F. E. Butler M.D.
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 9 minute 58 A. M.

21. I hereby certify that I attended the deceased from July 4 1940 to July 20 1940
that I last saw her alive on July 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 92C

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? _____

23. Signature F. E. Butler M.D. (M. D. or other) MD
Address Salem Missouri Date signed 7-21-40

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

840837

1-2

1-11-17

1-11-17

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

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.