

No. 2  
4-13-40  
5-17-39  
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NOV 2 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34963

Registration District No. 1047

Primary Registration District No. 3008

Registrar's No. 288

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital #1 **3**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Institution  
(Specify whether in this community home 23 days)

3. (a) PRINT FULL NAME John Ray

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. OK

4. Sex Male 5. Color or race col

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

6. (b) Name of husband or wife Harriet Ray

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

7. Birth date of deceased Sept 10 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 60 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harrison Ray **9**

13. Birthplace OK (City, town, or county) (State or foreign country)

14. Maiden name Mary Posten

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

16. (a) Informant State Hosp #1 Records

(b) Address Removal Fulton Mo

17. (a) Removal (b) Date thereof Nov. 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray, Mo

18. (a) Signature of funeral director Edgar H. Morgan

(b) Address 400 Court Fulton Mo

19. (a) Nov 8, 1940 (b) R. H. Crews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Troy  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-3, 1940, to 11-6, 1940;  
that I last saw him alive on 11/6 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis

Due to Gen. Arteriosclerosis

Due to 34

Other conditions Blood Syphilis  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

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: No

(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? No

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. H. Wood (M. D. or other) MD  
Address State Hosp #1 Fulton Mo Date signed 11/7/40

**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 Glen Y. Maypin  
Licensed Embalmer No. 27025  
P. O. Address Fulton, 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, fact should be so stated above.**