

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 21 years

3. (a) PRINT FULL NAME Howard Edmund Wray  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-10-1851

4. Sex Male 5. Color or race White 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 March 30 1914  
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

11. Industry or business odd jobs

12. Name Edmund Howard Wray

13. Birthplace near Pickering, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Lee Beckwith

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

16. (a) Informant Howard Wray

(b) Address 203 West Cooper St., Maryville, Mo.

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

(c) Place: burial or cremation Hopkins Mo.

18. (a) Signature of funeral director John W. Price

(b) Address Maryville, Mo.

19. (a) Nov 15 1940 (b) Marion E. Clardy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limit, write "RURAL")  
(d) Street No. 203 West Cooper St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13  
year 1940 hour 8 minute 00 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Systemic poisoning with colloid, from ingestion of sodium fluoride with suicidal intent. Duration 3/4 hour.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 16 3/4  
(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) suicide

(b) Date of occurrence November 13, 1940

(c) Where did injury occur? Maryville (Nodaway) Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 55 1/2 public street

While at work \_\_\_\_\_ (e) Means of injury poisoning

23. Signature Chas. J. Hambright, M.D. (M. D. certificate) \_\_\_\_\_

Address Coroner, Nodaway Co., Mo. Date signed 11/15/40

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

4  
9  
2

FILED

12-19-40

C

**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

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address

*Maryville 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.**