

STANDARD CERTIFICATE OF DEATH

3570

State File No. _____

Dr. ~~*****~~ Mills

Registration District No. 821

Primary Registration District No. 5801

Registrar's No. _____

200

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural
(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 2 Years
In this community 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(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.? 0 years.

72
5
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/29/41
to 1/29/41, 19____, to 1/29/41, 19____;
that I last saw him alive on 1/29/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Membranous Croup

Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Donald Lee Ray

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 0--

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased 10 14 1938
(Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid County Missour
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business --

MOTHER FATHER { 12. Name James A. Ray
18. Birthplace Greenbrier Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Ollie May Tate
15. Birthplace Hanibal Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Ray

(b) Address Matthews, Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof 1 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee, Missouri

18. (a) Signature of funeral director John Alton

(b) Address Sikeston, Missouri

19. (a) 2-3-1941 (b) Dwight P. Smith
(Date received local registry) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 1

(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?

(Specify type of place) (a) Means of injury 51

23. Signature Dr. M. C. Mill (M. D. or other) 50

Address Sikeston Mo Date signed 1/30/41

RECEIVED

District Health Officer No. 2,

District File Number 241-225

Date Filed 2/11/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.