

FILED MAR 25 1941

Registration District No. 711

Primary Registration District No. 5941

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21
year 1941 hour _____ minute 1:50 P.M.

21. I hereby certify that I attended the deceased from Dec. 22 1940
19 _____ to Feb. 19 19 41
that I last saw him alive on 2-19 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration approx. 14 days

Due to Chronic Nephritis with Cardiac Dropsy
Due to _____

Other conditions _____
(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) _____
(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?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature A.R. K.W. Milligan (M. D. or other) DO.
Address Dixon Date signed 2/27/41

3. (a) PRINT FULL NAME Elic Ray

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

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 April 2, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____

12. Name James Monroe Ray

13. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Anna Barn

15. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Ray

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 2/21/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fox Crossing Cemeter

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) _____ (b) A. S. Rich
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 341357

Date Filed _____

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed Fred H. Gillman

Licensed Embalmer No. 2341

P. O. Address Shrew m

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.