

FILED APR 21 1941

Registration District No. _____

Primary Registration District No. 5120

Registrar's No. _____

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town Rural - Trenton 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Agency, Mo.
(If none in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Agency, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Leptha Mark Ray
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Miss Mattie Ray 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 27 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 19 If less than one day hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name H. J. Ray
13. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)
14. Maiden name Eizabeth Tull
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Ray
(b) Address Agency Mo.

17. (a) Burial (b) Date thereof 3/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Murray Center

18. (a) Signature of funeral director H. J. Sullivan
(b) Address Dawson, Mo.

19. (a) March 17, 1941 (b) Mrs. Lucy Powell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from 3-16-41
1941, to 3-16-41, 1941
that I last saw her alive on 3-16-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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? SA

23. Signature J. C. Starks (M. D. or other) SA
Address Dawson Mo Date signed 3-17-41

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

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

11
00

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 H. A. Sullivan

Licensed Embalmer No. 1739

P. O. Address Lamer, 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.