

Registration District No. 676

Primary Registration District No. 1402

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Corinne Bray
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 Married
6. (b) Name of husband or wife Harry Bray 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb 9 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Fords Ferry Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Charles English
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Cook
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Bray
(b) Address Newburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Newburg Mo

18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo

19. (a) 4/20/41 (b) Lee Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Newburg
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 15 1941 to Mar 17 1941
that I last saw her alive on Mar 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
Due to _____

Other conditions Cardiac asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration _____
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? _____

23. Signature R. P. Jones (M. D. or other) _____
Address Newburg Mo (Specify type of place) _____
Date signed 3/17/41 (e) Means of injury _____

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

1
2
0

RECEIVED

District Health Officer No. 5,

District File Number 5411673

Page 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3392

P. O. Address Newburg 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.