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FILED JUL 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21834

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Sugar Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 10812 Kentucky  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 10812 Kentucky  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sugar Creek Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Ray Rexford Tams

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertrude Tams 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 16, 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Plumber

11. Industry or business General Plumbing

12. Name Martin H Tams

13. Birthplace Dayton, Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Cory

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

16. (a) Informant Mrs Maude Sewers

(b) Address Kansas City, Mo

17. (a) Burial (b) Date thereof 6/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem

18. (a) Signature of funeral director Bob Carson

(b) Address Independence Mo

19. (a) June 21 1941 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 16 - 1940  
19\_\_\_\_ to June 19 - 1941  
that I last saw him alive on June 18 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

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

Due to 46 f

Other conditions 46 f  
(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? 360

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature W. Kellum (M. D. or other) J. M. M

Address 10307 Ridgely Ave Date signed 6/19/41

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

**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

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, fact should be so stated above.**