S. No. 2
—11-10-39
. 5-17-39
I X21492

10
2
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34285

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 282

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Edmondson's Flats, 510 Walnut St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community about 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 4 (If outside city or town limits, write "RURAL")
(d) Street No. 510 Walnut St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME HARRY RAY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella Ray
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 5 - 1 - 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business —
FATHER
12. Name Don't Know
13. Birthplace — (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Julia Richmond
(b) Address Fulton Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 10/15/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 41 hour 11 i p m minute ____ M.
21. I hereby certify that I attended the deceased from May 25, 1941, to Oct 14, 1941 that I last saw him alive on Oct 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
~~Due to~~ Primary Carcinoma L Lung	5 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma of L lung	

47d

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature O A Moon (M. D. ~~or other~~) MD
Address 301 N. 5 St Columbia Mo Date signed 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.