

S. No. 2
4-13-30
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42009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 31 1941
Registration District No. 278

Primary Registration District No. 5527

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Howard

(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 _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Howard

(c) City or town Highbee

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jessie Ray

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1941 hour 11 minute 00 a. M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Clark Ray

(c) Age of husband or wife if alive deceased years

7. Birth date of deceased 16-1857

21. I hereby certify that I attended the deceased from Dec 8, 1941, to Dec 15, 1941, that I last saw her alive on Dec 8, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral embolism
arteriosclerotic

9. Birthplace Howard, Mo.

Due to _____

Due to 436

Other conditions _____

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Jesse Baker

13. Birthplace Ireland

14. Maiden name Collie and Roberts

15. Birthplace England

Major findings: Of operations None

Of autopsy None

16. (a) Informant Fred Ray

(b) Address Highbee, Mo.

17. (a) burial (b) Date thereof 12-17-41

(c) Place: burial or cremation Highbee Church

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? _____

(d) Did injury occur in or about home, farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director W. D. Thompson

(b) Address Highbee, Mo.

19. (a) 12-20-41 (b) General Practitioner

Signature W. D. Dunder M.D. or other DO

Address Highbee, Mo Date signed 12-16-41

DEC 24 1941

APR 20 1942

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.....

P. Richard Brown, Registered Apprentice No. 309
working under my personal supervision.

Signed Mrs. M. S. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, 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, fact should be so stated above.