S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11587

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 316 E Henry 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 42 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 316 E Henry st
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANTHONY RAY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M 2

5. Color or race Negro

6. (a) Single, widowed, married, 2 divorced Wid.

6. (b) Name of husband ~~or wife~~ Ella Ray

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 8 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	8	..... hr. ..... min.

9. Birthplace Cooper Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Ben Ray
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Adline Hubbard
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Ray

(b) Address Sedalia

17. (a) Sedalia Mo (Burial, cremation, or removal) (b) Date thereof Mar 19 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. B. Ferguson

(b) Address Sedalia

19. (a) 3/19/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1942 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from 2/1 1942, to 3/15 1942, that I last saw him alive on 3/15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Inst. Dilatation Nephritis — Duration 6 months

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

13/a

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature S. H. Clancy (M. D. or other)

Address Sedalia Mo Date signed 2/18-42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

NOV 5 1951

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.