

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 122

6
3
if

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Mo. State Penitentiary 2
(If not in hospital or institution, write street name and number)

(d) Length of stay: In hospital or institution State Prison Sy
(Specify whether in hospital or institution)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole ²⁶

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL") ¹

(d) Street No. Mo. State Prison
(If rural, give location)

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

3. (a) PRINT FULL NAME ALLEN RAY (49747)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Martha Ray 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 10th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	1	hr. _____ min. _____

9. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. State Prison Records

(b) Address Jefferson City, Mo.

17. (a) Removal to Bull (b) Date thereof 5/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. St. Louis

18. (a) Signature of funeral director Biescher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 5-14-42 (b) Norman Victor
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1942 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 11th, 1942, to May 11th, 1942
that I last saw him alive on May 11th, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis ^{10 min}

Due to Atherosclerosis

Due to _____

Other conditions 120
(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? _____

23. Signature H. W. ... (M. D. or other) _____
Address _____ Date signed _____
(Specify type of place) (e) Means of injury _____

Wicksville Mo

874

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1944

NOV 29 1944

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. 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.