S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18411

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 0 1942

Registration District No. 1076

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5680

State File No.

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town ~~Avalon~~ Fairview Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Delivery, Avalon, Mo. 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 Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 59 0 0

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

(d) Street No. General Delivery-Avalon, Mo 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eva Wray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife William Lee Wray

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

7. Birth date of deceased August (Month) 30 (Day) 1867 (Year)

8. AGE: Years 74 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

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

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

16. (a) Informant Delbert Wray

(b) Address 7511 Magee-Kansas City, Mo.

17. (a) Christison (Burial, cremation, or removal) (b) Date thereof 5-25-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Christison Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) May 25-'42 (Date received local registrar) (b) Mrs Van Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour 7:20 minute A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to May 22, 1942
that I last saw her alive on May 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

23. Signature A. Collier (M. D. or ~~other~~)

Address Chillicothe Mo Date signed May 24-42

1117 (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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.