V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

49
2
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24573

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 306

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: ST. JOHN'S HOSP.
(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 JASPER 49 2 5

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

(d) Street No. 412 N. MINERAL
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME DICKIE RAYL

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXX

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased JULY (Month) - 27 (Day) - 42 (Year)

8. AGE: Years PREMATURE | Months 5½ | Days MON. | If less than one day 4 hr. min.

9. Birthplace JOPLIN (City, town, or county) MO O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name HAROLD I. RAYL
13. Birthplace JOPLIN (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name OLIVE LEE HARDY
15. Birthplace WICHITA (City, town, or county) KANS. (State or foreign country)

16. (a) Informant HAROLD I. RAYL
(b) Address 412 N. MINERAL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation OZARK MEM CEMT.

18. (a) Signature of funeral director HURL BUT UND CO
(b) Address JOPLIN, MO

19. (a) 7-31-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27-42
year 42 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-27-42, 19 to 7-27-42, 19
that I last saw him alive on 7/27-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (5½ mo) | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

159

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 O

23. Signature R. C. Newbirk (M. D.)

Address 304 Frisco Bldg Joplin Date signed 7/31/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-7-649

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.....

Licensed Embalmer No. 959

P. O. Address.....

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.