U.S. No. 2
OM—5-42
ev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26768

Registration District No. 42 | Primary Registration District No. 1008 | Registrar's No. F24

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1925 Wonk Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution? (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1925 Wonk Ave
(If rural, give location)

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

If yes, name country: A

3. (a) PRINT FULL NAME: George Benjamin Wray

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-09-0213

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Eva Wray

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Feb (Month) 25 (Day) 1885 (Year)

8. AGE: Years 57 | Months 5 | Days 20 | If less than one day: hr. min.

9. Birthplace: Wirtz (City, town, or county) Virginia (State or foreign country)

10. Usual occupation: Credit Manager Swift

11. Industry or business: Company Packing Plant

MOTHER FATHER

12. Name: James Wray

13. Birthplace: Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Mary Ellen Bowman

15. Birthplace: Franklin Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs Eva Wray

(b) Address: 1925 Wonk Ave St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 17, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Memoral Park

18. (a) Signature of funeral director: Fleemon & Son Inc

(b) Address: 1946 Colhoun St Joseph, Mo

19. (a) 8-17-42 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-5-39, 19..., to 8-15-, 1942, that I last saw him alive on 8-15-, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	36 hrs
Cerebral Edema	48 hrs

Due to: Essen. hypertension few yrs

Due to:

Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis

Major findings:
Of operations: moderate

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:

23. Signature: M. E. Grimes (M. D. or Coroner)

Address: Date signed: 8-15

(Licensed Embalmer's Statement on Reverse Side)

6003

JUN 9 1947

AUG 26 1947

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 John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.