

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30820

State File No.

Registrar's No. 119

Registration District No. 207

Primary Registration District No. 5757

63
000

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:

(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 Marion

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

(d) Street No. Rural Route 110
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward Ray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour 3:15 minute 0 P.M.

4. Sex M 5. Color or race White

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

(b) Name of husband or wife Frances Ray

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

7. Birth date of deceased May 10 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1942, to July 6, 1942
that I last saw him alive on July 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

8. AGE: Years 75 Months 1 Days 26 If less than one day _____ hr. _____ min.

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

Due to Mijo Cardeli

Due to _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Blair

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

14. Maiden name Blair

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

Major findings: 928

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Frances Ray

(b) Address Rural Mo Route 2

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof July 8 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maeburn Cem

18. (a) Signature of funeral director W. Lee Edan

(b) Address Rural Mo

19. (a) 7/1/42 (b) W. Lee Edan
(Date received local registrar) (Registrar's signature)

8-8-42 Conrad B. ...
(Licensed Embalmer's Statement on Reverse Side)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Lee Edan (M. D. or other) _____
Address St James Mo Date signed 7/7/42

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 WME
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 33299

P. O. Address Rolla, 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.