

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 27 1942 *42*

Registration District No. _____

Primary Registration District No. *1000*

Registrar's No. *817*

11
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7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
St. Joseph Hospital
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 14 1/2 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. 1201 Francis St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Birgitte C. Ray

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Milton A. Ray

6. (c) Age of husband or wife if alive 30 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jens Christiansen

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

14. Maiden name Karen Marie Lavette

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

16. (a) Informant Miss. Ester Ray

(b) Address 1201 Francis St., St. Joseph,

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

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert S. Schuyler

(b) Address 1802 Union Str, St. Joseph, Mo.

19. (a) 11-17-42 (b) Rae Jensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1942 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Nov 14 1942 to Nov 14 1942
that I last saw her alive on Nov 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr.

Due to 93d

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 Frank J. DeGuer (M. D. or other) _____
Address 620 Francis Date signed 11/16/42

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Albert R. Harrington

Licensed Embalmer No. *3258*

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.