No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1550

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1288

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days
Donald Albert Bray
(Specify whether)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State: Mo (b) County: Gentry
(c) City or town: King City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Donald Albert Bray
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: Cau
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March (Month) 1 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
50	9	20	hr. min.

9. Birthplace: DeKalb Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: —
FATHER
12. Name: Albert E. Bray
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Belle Sharp
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Cherie Bray
(b) Address: King City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: King City Mo
18. (a) Signature of funeral director: R. H. Hodgart
(b) Address: King City Mo
19. (a) 12-23-42 (Date received local registrar) (b) Roe Hizey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st. year 1942 hour 3.20 minute A. M.
21. I hereby certify that I attended the deceased from 12-20- 1942 to 12-21- 1942 and that I last saw him alive on 12-21- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gangrenous Cholecystitis with perforation
Due to: _____
Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____

Duration: _____

Major findings: Of operation: Gangrenous gallbladder with abscess formation.
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: [illegible] (M. D. or other) D. O
Address: 923 Faraon St. Date signed 12-21-42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address Kingsley Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 150

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1288

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: Mercy Hosp. (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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Donnie Albert Bray
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 1 (Day) 1891 (Year)
8. AGE: Years 50 Months 9 Days 29 If less than one day hours min.
9. Birthplace: Pettis (City, town, or county) Co. Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 21 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) 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. D. or other)
Address Date signed

SUPPLEMENTARY