S. No. 2
M—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10 APR 0 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10097

Registration District No. 99

Primary Registration District No. 5377

Registrar's No. 93

2 0 0

1. PLACE OF DEATH:

(a) County: DeKalb (Grant) Twp

(b) City or town: Maysville (Rural)
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: DeKalb 3 3 0 0

(c) City or town: Maysville (Rural)
(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: Zelma Bray

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: FeMale

5. Color or race: W

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

6. (b) Name of husband or wife: Josiah Bray

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

7. Birth date of deceased: October (Month) 30 (Day) 1891 (Year)

8. AGE: Years 51 | Months 3 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: Willard McClure
13. Birthplace: DeKalb Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mary Adeline Thompson
15. Birthplace: Davies Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mary A. McClure
(b) Address: Maysville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn, Maysville

18. (a) Signature of funeral director: Pilcher Funeral Home
(b) Address: Maysville Mo

19. (a) 3-1-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 17th, 1943, to Feb 25, 1943, that I last saw h. alive on Feb 25, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	5 yr (?)
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)
(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: Geo. Harold Fowler (M. D. or other) D.O.
Address: Maysville Mo Date signed 2-27-43

1248

(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 Cecil T.Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.