S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10574

FILED APR 12 1943

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 169

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

1. PLACE OF DEATH:
(a) County Jasper 49
(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2217 Moffett Ave; 1 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years;
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper 3
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2217 Moffett Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Henry MC-Lees Ray
3. (b) If veteran, name war No
3. (c) Social Security No. 488-16-0159

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Maude Ray;
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 14, 1875. (Month) (Day) (Year)

8. AGE: Years 67 Months 111 Days 3 If less than one day hr. min.

9. Birthplace Jasper County Mo; 0
(City, town, or county) (State or foreign country)
10. Usual occupation Prop. Rays Distributing Service.
11. Industry or business
FATHER
12. Name Andrew Fesler Ray;
13. Birthplace Ohio; 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah E. MC-Lear
15. Birthplace Ohio; 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Maude Ray
(b) Address Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 3-19-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 17, day 1943;
year hour 7-00 P.M. minute M.
21. I hereby certify that I attended the deceased from Mar 8, 1943, 19, to Mar. 17, 1943;
that I last saw him alive on March 17, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	48 hrs
Due to Cardio-vascular renal disease	10 wks
Due to auricular fibrillation	10? wks

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
Signature O. T. Blanke (M. D. or other) M.D.
Address 725 Friscoe Bldg, Joplin Mo. Date signed 3-18-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-3-295

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.....

Licensed Embalmer No. 959

P. O. Address.....

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.