

LED JUN 7 1943
Registration District No. 127

Primary Registration District No. 5464

1. PLACE OF DEATH: **Greene**

(a) County: **Greene**

(b) City or town: **R.F.D.2, Willard**

(c) Name of hospital or institution: **Wesley's Cemetery**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **32 years** (Specify whether years, months or days)

In this community: **32 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene**

(c) City or town: **R.F.D.2, Willard.**

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country: **A**

3. (a) PRINT FULL NAME: **Thomas Henry Bray**

3. (b) If veteran, name war: **No.**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11** year **1943** hour **10:00** minute **A.** M.

4. Sex: **male**

5. Color or race: **white**

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

6. (b) Name of husband or wife: **Letha Slough**

6. (c) Age of husband or wife if alive: **4** years

7. Birth date of deceased: **December 4 1860**

21. I hereby certify that I attended the deceased from **May 4th**, 1943, to **May 11**, 1943; that I last saw him alive on **May 10th**, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: **SENILITY**

8. AGE: Years **82** Months **5** Days **7** If less than one day hr. min.

Duration

Due to: **167h**

Due to:

Other conditions: **167h**

(Include pregnancy within 3 months of death)

9. Birthplace: **Owen County, Indiana**

10. Usual occupation: **Railroad Maintenance Man**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **NONE**

Of operations:

Of autopsy: **NONE**

11. Industry or business:

12. Name: **Galen Bray**

13. Birthplace: **N. Carolina**

14. Maiden name: **Letha Slough**

15. Birthplace: **Indiana**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **NO**

(b) Date of occurrence: **1**

(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?

16. (a) Informant: **H.H. Bray and Mrs M. Fortner**

(b) Address: **Willard, Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof: **May 12, -43**

(c) Place: **Wesley's Cemetery**

18. (a) Signature of funeral director: **P. Greenwald Und. Co.**

(b) Address: **Willard, Missouri**

19. (a) **May 11 1943** (Date received local registrar) **Jane Appleby** (Registrar's signature)

23. Signature: **[Signature]** (M. D. or other) **D**

Address: **Willard, Missouri** Date signed: **5/11/43**

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

39
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RECEIVED

Greene County Health Office,

County File Number 43-6-41

Date Filed 6/2/43

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 Mrs. E. W. Greenwald

Licensed Embalmer No. 2095

P. O. Address W. Ward, Missouri

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.