

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27594

State File No. _____

FILED SEP 10 1943

Registration District No. 2712

Primary Registration District No. 5046

Registrar's No. 5754

1. PLACE OF DEATH: Barry Co. Mo.
 (a) County Barry Co. Mo.
 (b) City or town Crane Creek Tws.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town 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 Martha Margaret Ray
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 25
 year 1943 hour 3 minute P. M.

4. Sex Female 5. Color White 6. (a) Single, widowed, married Widowed
 4. (b) Name of husband or wife Eisworth Ray 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 6 1943 to Aug 25 1943
 that I last saw her alive on Aug 15 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis
 Duration not known

8. AGE: Years 72 Months 5 Days 8 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

9. Birthplace Barry Co. Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Charles Coones
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Baze
 15. Birthplace not known
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Israel Ray
 (b) Address R. #2 Aurora, Mo.
 17. (a) Burial Osa Cemetery (b) Date thereof 8-26-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director J. B. Bradford
Marionville, Mo.
 (b) Address _____
 19. (a) 9/1/43 (b) Will Helman
 (Date received local registrar) (Registrar's signature)

23. Signature Will Helman M.D. (M. D. or other)
 Address Aurora Mo. Date signed 9/24/43

1076 (Licensed Embalmer's Statement on Reverse Side) 121 W. Pleasant

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

File Number 943-962

Date Filed 7 1943

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 *Herman M. Surridge*

Licensed Embalmer No. 3072

P. O. Address *Aurora 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.