

FILED NOV 26 1943

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 49

47
1
0

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

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Shannon
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hours
(Specify whether
In this community: all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison
(c) City or town: Rural-R#1 City
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: BENJAMIN HIRAM WRAY

3. (b) If veteran, name war: _____ 3. (c) Social Security No: 499-03-6638

4. Sex: M 5. Color or Race: W 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie Wray 6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: Apr 2 1897
(Month) (Day) (Year)

8. AGE: Years: 46 Months: 7 Days: 16 If less than one day hr. min.

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

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER FATHER
12. Name: L. S. Wray
13. Birthplace: Madison Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name: Lucy Ann Spens
15. Birthplace: Madison Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: L. S. Wray (Father)

(b) Address: 608 N. La. Miller City

17. (a) Burial (b) Date thereof: 11-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Madison Co

18. (a) Signature of funeral director: Stanley A. Dixon

(b) Address: Fredricksburg, Missouri

19. (a) 11-20-43 (b) Cecilia R. Miller
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 18
year: 1943 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Nov 18 to Nov 18 1943
that I last saw him alive on Nov 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: embolus 11/18/43

Due to: Ruptured appendix 11/15/43
Other conditions: _____
(Include pregnancy within months of death)

Major findings: appendectomy 11/18/43
Of operations: _____
Of autopsy: no

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: _____
23. Signature: R. E. Garland M. D. or other) _____
Address: Centerville Mo Date signed: 11/20/43

RECEIVED

JAN 18 1944

District Health Office No. 7
District File Number 1143-2958
Date Filed 11-24-43

1951
DIST. 3 1944

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 Stanley A. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.