

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944
B18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 581
Registrar's No. 538

Registration District No. 1 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent 33
(c) City or town Salem (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 Ray Gene Land
(b) If veteran, name war None (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 10 1943 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17 year 1944 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 17 1944
that I last saw him alive on Jan 17 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 7 hr. min.

Immediate cause of death
Due to: Supp. Bronchitis
Due to: (virus infection?)
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Salem Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant

11. Industry or business
12. Name Ray Lloyd Land
13. Birthplace Max Missouri (City, town, or county) (State or foreign country)
14. Maiden name Dolly Counts
15. Birthplace Rector Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Bethesda Hospital Records
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

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) (e) Means of injury

18. (a) Signature of funeral director Albert H. Hoppe, Jr.
(b) Address 4700 Washington Blvd.
19. (a) JAN 18 1944 (Date received local registrar) (b) J. Brudek (Registrar's signature)

23. Signature John Z. Johnson (M. D. or other)
Address 536 N. Taylor Date signed 1-18-44

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

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.....

Albert W. Hopper

Licensed Embalmer No. *1861*

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.