

FILED FEB 14 1944

Registration District No. **74**

Primary Registration District No. **5793**

Registrar's No. **32-3**

1. PLACE OF DEATH:

(a) County **Clinton**
 (b) City or town **Rural Atchison twp**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **5-0 years** (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Atchison twp**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARY-ELIZABETH-RAY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **H.M. Ray** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 13 1851**
 (Month) (Day) (Year)

8. AGE: Years **92** Months **7** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jepptha Hull**
 13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah C. Culbertson**
 15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **India Weasley**
 (b) Address **G. U. W. E. R. Mo**
 17. (a) **Burial** (b) Date thereof **Jan 5, 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**
 18. (a) Signature of funeral director **H. A. Sullins**
 (b) Address **G. U. W. E. R. Mo**

19. (a) **1-10-44** (b) **Maeb. C. Hostell**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6**
 year **1944** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **Dec 20th** 19**43** to **1-6-** 19**44**
 that I last saw her alive on **12-24** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration _____
 Due to **arteriosclerosis**
 Due to ~~_____~~

Other conditions (Include pregnancy within 3 months of death) **9301**
 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 _____

23. Signature **J. C. Starks** (M. D. or other) _____
 Address **Lawrence, Mo** Date signed **1-9-44**

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..... *W. A. Sullivan*

Licensed Embalmer No. *1738*

P. O. Address..... *70 Lower 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.