

FILED MAR 13 1944

State File No.

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Maumond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution. 1 yr 9 mo
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Jasper
(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.

In this community,
years, months or days)
3. (a) PRINT FULL NAME Clora M Ray
3. (b) If veteran, name war
3. (c) Social Security No. #86-24-8116

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13
year 1944 hour 8 minute 9 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. May 19 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18 1942 to Feb 13 1944
that I last saw him alive on Feb 13 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
31 8 26 hr. min.

Immediate cause of death. Tuberculous
Duration
Due to
Due to

9. Birthplace Maumond city Mo
(City, town, or county) (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death) 13 R1

10. Usual occupation Accountant

Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Charles Beget
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Norma Harvey
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Records
(b) Address
17. (a) Burial (b) Date thereof 2/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Helen Deland
(b) Address 11th City, Mo
19. (a) Feb 14 1944 (b) Miss Lillie Lagle
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury D
23. Signature Jesse E. Daulton (M. D. or other)
Address West City Mo Date signed 2/14/44

MOTHER FATHER

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

44-2-213

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. Hedge*
Licensed Embalmer No. *2859*
P. O. Address *Webb City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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