S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8367

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 487

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans' Administration Facility, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Feb. 16, 1944 (Specify whether years, months or days)
In this community Since February 16, 1944

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County - - 15

(c) City or town Linn Creek, 0
(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 R A Y, Junior C.

3. (b) If veteran, name war W.W. #2

3. (c) Social Security No. 500-18-3998

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife - -

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased January 27, 1918 (Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Linn Creek, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Union Biscuit Co.

FATHER
12. Name George Ray,
13. Birthplace unknown Kansas /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ada Orsburn,
15. Birthplace unknown Kansas /
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schully Cl.Clk.
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Removal by Rail (Burial, cremation, or removal) (b) Date thereof 2-24-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) FEB 25 1944 (Date received local registrar) (b) E. A. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd., year 1944 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from February 16, 1944 to February 22, 1944; that I last saw him alive on February 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA, RECTO-SIGMOID.	UNKNOWN
~~Due to~~ OTHER CONDITIONS: -	
ASTHMA, BRONCHIAL,	UNKNOWN
~~Due to~~ BRONCHOPNEUMONIA, NO TYPING.	ABOUT 16-hrs.
~~Other conditions~~	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations Feb.21,1944 COLOSTOMY.
Of autopsy No 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) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury 0

23. Signature L.M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer Date signed 2-23-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 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 Lewis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.