

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10804

State File No. ....

Registrar's No. 11

FILED APR 7 1944  
Registration District No. 784

Primary Registration District No. 5317

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

1. PLACE OF DEATH:

(a) County **COOPER**

(b) City or town **KELLY (RURAL)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**6 1/2 MILES SOUTH EAST OF BUNCETON**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community **50 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BUNCETON (RURAL)**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6 1/2 MILES SOUTHEAST**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MRS MARY FRANCES RAY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

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

7. Birth date of deceased **NOVEMBER 20 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**76 3 19** hr. min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **NOAH STOKES**

13. Birthplace **SPRINGFIELD MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **ABBYGAIL WILSON**

15. Birthplace **MONETT MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS HARRY GENSLER**

(b) Address **BUNCETON, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **3/11/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BOONVILLE CITY CEMETERY**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10** year **1944** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb** **25** 19**44** to **March 10 1944**  
that I last saw him alive on **March 9** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration **1 hr**

Due to **Influenza + Bronchitis Pneumonia** **3/4/44**

Due to..... Other conditions (Include pregnancy within 3 months of death) **P3el**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **A L Meredith** (M. D. or other) **Frank H. ...** date signed **3-16-44**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-6-44

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..... *James W. Stegner* .....

Licensed Embalmer No. *3780* .....

P. O. Address..... *Boonville, 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.