S. No. 2
OM—5-43
v. 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. 10946

FILED APR 12 1940

Registration District No. 120 Primary Registration District No. 5445 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Gentry Rural Bogle Township
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Gentry Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Charles Ray

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased May (Month) 22 (Day) 1864 (Year)

8. AGE: Years 79 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Gentry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Andrew J. Ray
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) /

MOTHER
14. Maiden name Rebecca Jane Franklin
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country) /

16. (a) Informant Alice Murphy
(b) Address Gentry, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Friendship

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany, Missouri

19. (a) 3/20/1944 (Date received local registrar) (b) Homer M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day ~~26~~ 25th
year 1944 hour 11 minute 11A. M.

21. I hereby certify that I attended the deceased from Feb 25th, 1944 to Feb 25th, 1944
that I last saw him alive on Feb 25th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Short
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
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 W. S. Campbell O (M. D. or other)
Address Albany Mo. Date signed Feb 26th 1944

1108 (Licensed Embalmer's Statement on Reverse Side)

DEC 31 1949

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.