

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944
Registration District No. _____

Primary Registration District No. 4500

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Leonard
(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 _____ Life _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 0

(c) City or town Leonard 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 _____ 0

3. (a) PRINT FULL NAME Fannie Irene Ray

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James R. Ray 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept - 14 - 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Leonard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name C.P. Glahn

13. Birthplace uk Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Arnett

15. Birthplace uk uk
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Ray

(b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof 3-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morris Chapel-Shelby, Co.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edging, Morgan

19. (a) March 16-44 (b) Wedge Epoch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1944 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 2
1944 to Jan 8 1944
that I last saw her alive on Jan 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death causes of the uterus Duration 4 yrs.

Due to _____

Due to _____

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

Major findings: H&F PHYSICIAN _____
Of operations _____
Of autopsy _____
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 D. Howard Dutton (M. D. or other) Do.

Address Bethel Mo Date signed Mar. 9/44

1095

RECEIVED

District Health Officer No. 10

District File Number 4-44-786

Date Filed APR 11 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.....

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

working under my personal supervision.

Signed..... *Keith Hudson*.....

Licensed Embalmer No. 2415.....

P. O. Address Edina, 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.