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Revised

13724

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1811

FILED MAY 5 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
Kansas City, Mo

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

(c) Name of hospital or institution General Hospital # 1.0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lavayette

(c) City or town Waverly Missouri
(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 Ray Jess

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex M

5. Color or race o

6. (a) Single, widowed, married, divorced 2 divorced W

6. (b) Name of husband or wife REBECCA

6. (c) Age of husband or wife if alive December 27 1852 years

7. Birth date of deceased: (Month) (Day) (Year)

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

91 3 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Daniel Ray

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

14. Maiden name Anna Leoppe

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

16. (a) Informant Mrs. Frank Linsey

(b) Address Phone Vi. 2040- Room 106

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-44
(Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo.

18. (a) Signature of funeral director James Funeral Home

(b) Address San Cordia

19. (a) 4-25-44 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1944 hour 9:30 minute AM

21. I hereby certify that I attended the deceased from April 19 to April 23 1944; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to _____

Due to _____

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: C/S
Of operations _____

Of autopsy _____

Duration _____

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)
(Specify means of injury)

23. Signature Albert E. Upsher M.D.
Address Gen Hosp Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.