

FILED MAY 12 1944

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 4 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mae Alice Ray

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

4. Sex Female 1 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James G. Ray
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 9 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Practical Nurse and Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Joe Hearst
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Alice Stage
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James G. Ray

(b) Address Route 4, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof April 16, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Mo.

19. (a) 4-18-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 5:34 minute A. M.

21. I hereby certify that I attended the deceased from 4-8, 1944, to 4-14, 1944
that I last saw her alive on 4-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Arteriosclerosis

Due to Hypertension
Due to Arteriosclerosis

Other conditions §3a!
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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) none
(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)
(c) Means of injury _____

23. Signature Belle Turner (M. D. or other)
Address Poplar Bluff, Mo. Date signed _____

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

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 544-679

Date Filed 5-11-44

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 *W. B. Gray*

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.