S. No. 2
M—2-43
. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 231

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 22173

Registrar's No. 104

1. PLACE OF DEATH
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Safeway Store 208 W. 3rd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville (If outside city or town limits, write "RURAL") 117 North Lester
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fred Arthur Wray
3. (b) If veteran, name war: no
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Myrtle Wray
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: September 3 1877 (Month) (Day) (Year)
8. AGE: Years 66 Months 9 Days 24 If less than one day hr. min.
9. Birthplace: Nodaway County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: laborer
11. Industry or business: W.W.Wray
FATHER 12. Name: W.W.Wray
FATHER 13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Sarah Shellman
MOTHER 15. Birthplace: VanBuren County (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Donald Wray
(b) Address: Maryville Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 6-7-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation: White Oak cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) 6-30-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27 year 1944 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Sudden
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Coroners Inquest	

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.R. Carson (M. D. or other)
Address: Maryville Mo Date signed 6-30-44

1944

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

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 Glenn M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.