

U. S. No. 2
 OM-8-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24403

State File No.

Registration District No. 64

Primary Registration District No. 4109

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Keytesville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution North Part of Keytesville
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Chariton
 (c) City or town Keytesville
(If outside city or town limits, write "RURAL")
 (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 ANNA FLORENCE RAY
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 14
 year 1944 hour 7 minute 17 M.
 21. I hereby certify that I attended the deceased from June 9 10 44 to July 4 19 44
 that I last saw him alive on July 3 19 44
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Ray
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased: Aug 26 1872
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Due to Coronary sclerosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 19 Days 8
 If less than one day _____ hr. _____ min.
 9. Birthplace Worth County Mo.
(City, town, or county) (State or foreign country)

Duration 17 days
 Duration 7
 Duration _____

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Edward Wake
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Sally Bond
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings: 94a
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Nelson Ray
 (b) Address Salisbury Mo
 17. (a) Burial (b) Date thereof July 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Keytesville
 18. (a) Signature of funeral director Walter Smith
 (b) Address Keytesville Mo.
 19. (a) 8/11/44 (b) R. H. G. 9
(Date received local registrar) (Registrar's signature)

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 J. L. Harmon (M. D. or other) MD
 Address Salisbury Mo Date signed 8-1-44

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

2100

1027

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-12-44

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.....

H. D. Lammitt

Licensed Embalmer No. 3044

P. O. Address Key West Fla

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.