

FILED AUG 11 1944

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 105

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: 117 North Hester St. 1  
 (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 74  
 (c) City or town: Maryville (If outside city or town limits, write "RURAL")  
 (d) Street No.: 117 North Hester  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country: 0

3. (a) PRINT FULL NAME: Myrtle Leona Wray

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Fred Wray 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: January 20 1880  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation: housewife

11. Industry or business: Jacob Wagner

12. Name: unknown  
 13. Birthplace: unknown  
 (City, town or county) (State or foreign country)

14. Maiden name: Nancy Ann Allen  
 15. Birthplace: unknown  
 (City, town or county) (State or foreign country)

16. (a) Informant: Donald Wray  
 (b) Address: Maryville Mo.

17. (a) (b) Date thereof: 7-17-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: White Oak Cemetery

18. (a) Signature of funeral director: Paris Funeral Home  
 (b) Address: Maryville Mo.

19. (a) July-17-44 (b) Wray Barb  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 15 1944 to July 14 1944  
 that I last saw him alive on July 14 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebric Duration: 3 months

Due to: Carcinoma of Rectum unknown

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: H6D  
 Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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: 0

23. Signature: W.R. Jackson M.D. or other: \_\_\_\_\_  
 Address: Maryville Date signed: 7-15-44

MOTHER FATHER

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

1349

(Licensed Embalmer's Statement on Reverse Side)

30  
2708  
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.....

W. H. L. L.

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

working under my personal supervision.

W. H. L. L.

Signed..... *J. L. Gee*.....

Licensed Embalmer No. *2539*.....

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.