

FILED JAN 9 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 4164

Registrar's No. 114

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Altamont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Altamont
(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 Marion Warren Caray
(b) If veteran, name war None
(c) Social Security No. 511-07-3993

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7
year 1944 hour 3 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina Caray
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased December 12 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/11/44 to 12/7/44
that I last saw him alive on 11/11/44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
27 11 25 hr. min.

Immediate cause of death
Empyema
Due to Lobar Pneumonia

9. Birthplace Devon Kansas
(City, town, or county) (State or foreign country)

Other conditions Chronic Inequalities
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

11. Industry or business _____
12. Name Norman Wesley Caray
13. Birthplace Chatauqua Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Maudie VanDyke
15. Birthplace Saborn County South Dakota
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
108
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nina Caray
(b) Address Altamont, Missouri
17. (a) Burial (b) Date thereof 12-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Ayr Cemetery

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? _____

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.
19. (a) 12-11-1944 (b) L. O. G. Johnson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature L. O. G. Johnson (M. D. or other) DO
Address Jamestown, Mo. Date signed 12-11-44

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

3100

FEB 20 1947

JAN 10 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.....

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.