

FILED JAN 24 1945

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution Dec 15-1944
In this community effective

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 2
(d) Street No. 102 Florida 5
(e) Citizen of foreign country? (Yes or No) (If rural, give location)
If yes, name country (1)

3. (a) PRINT FULL NAME

Melvin Eugene Rayl

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced, or single P

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 24 1928

8. AGE: Years 16 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Jasper Mo

10. Usual occupation

11. Industry or business Mover of heavy machinery

12. Name A. L. Rayl

13. Birthplace Kansas City Mo

14. Maiden name Olive Ann

15. Birthplace Goodman Mo

16. (a) Informant Mrs Olive Patton

(b) Address 102 Florida

17. (a) Burial (b) Date thereof 1-10-45

(c) Place: burial or cremation Park Memorial

18. (a) Signature of funeral director Thershill Bellor

(b) Address 4th & Wall Jasper

19. (a) 1-8-45 (b) Gertrude Sutherland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1945 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 18 1945 that I last saw him alive on Jan 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Meningitis 3 days

Due to: Accident Dec 18/44

Other conditions: Concussion

Major findings: Of operations: Of autopsy: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident 123 (b) Date of occurrence Dec 18/45 (c) Where did injury occur? Park Memorial (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: [Signature] M. D. or other Date signed: 1/8/45

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

45-1-16

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..... *Paul A. Hornick*.....

Licensed Embalmer No. *3590*.....

P. O. Address *John St.*.....

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.

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Melvin E. Ray

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1940 (Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days _____ Unless than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 24 Year 1940 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within _____ months of death)

Major findings: SUPPLEMENTARY INFORMATION

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Dec 18, 1940

(c) Where did injury occur? Joplin Paper Mills (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? _____ (Specify type of place) Means of injury Accident

23. Signature _____ (Date signed)

Address _____

SUPPLEMENTARY

S-2007