

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town St James Pinhook
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 12 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural, St James Pinhook
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles South of St James, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROB RAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1944 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 11 to Oct 29 1944
that I last saw him alive on Oct 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olle Ray

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct 17 1885
(Month) (Day) (Year)

Immediate cause of death organic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration 4 full

8. AGE: Years 59 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Moscow Ky
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

12. Name James Ray

13. Birthplace Moscow Ky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joe Henry Ray

(b) Address East Prairie, Mo. Rt. 2

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Irvin Shelby

(b) Address East Prairie, Mo

19. (a) 1-17-1944 (b) Fannie E. Bigman
(Date received local registrar) (Registrar's signature)

Major findings: 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)

(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 Paul Saunders (M. D. or other)

Address Carroll Date signed 1/10/45

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

0700

RECEIVED

Lic. Office No. 2,

District File Number 145-118

Date Filed 1-16-45

JUL 19 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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.