S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9299

State File No.

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton. ~~Fulton Twp~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD # 2
(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 Missouri (b) County Callaway

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

(d) Street No. R. 2.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Zella Mae Ray.

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Negro.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 30 (Day) 1945 (Year)

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

9. Birthplace R2 Fulton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ✓

FATHER
12. Name Benjamin Franklin Ray.
13. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Irma Brown
15. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ben. Ray - (father)
(b) Address R. 2. Fulton, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Richland Cemetery

18. (a) Signature of funeral director + Ben Ray - father
(b) Address R2 - Fulton, Mo.

19. (a) 3-31-1945 (Date received local registrar) (b) Josie Morsiekhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day March year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from birth - at 11 a. m. March 30, 1945, to March 30, 4, 1945; that I last saw her alive on 12 at noon Mar 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Premature development. (Born at 6 months gestation + lived 5 hours.)

Due to

Due to Premature birth.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 612 Court, Fulton, Mo. Date signed Mar 31

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 4-9-45

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.