

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945
Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16206
Registrar's No. 46

Primary Registration District No. 3003

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
In this community Thirty years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Jane Bray
(b) If veteran, name war None
(c) Social Security No. None

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Walter C. Bray | 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Not Known hr. min.

9. Birthplace Bevier Maconco Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Individual

12. Name Henry I Sagaser

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

14. Maiden name Louisa L Hale

15. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Blackwell
(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof May 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem. Monett Mo.

18. (a) Signature of funeral director Callaway's
(b) Address Monett Mo

19. (a) May 21 1945 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Fourth St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour 8 minute 30 A.
21. I hereby certify that I attended the deceased from June
1944 to 19 ;
that I last saw h. ie alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs

Due to

Due to

Other conditions Pericarditis Anemia 3 days
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature (M. D. or other)
Address Monett Mo Date signed 5/14/45

RECEIVED
District Health Officer No. 6,
District File Number 645-713
Date Filed JUN 12 1945

JUN 20 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 *J. D. Buchanan*
Licensed Embalmer No. *3174*
P. O. Address *Monett, 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.