

FILED JAN 12 1946

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town St James
(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 Dec day 8
year 1945 hour 4 AM minute _____ M.
21. I hereby certify that I attended the deceased from Nov 24
1945 to Dec 8 1945
that I last saw him alive on Dec 8
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion Duration 3 days
Due to Arterio-Sclerosis 10 yr

Other conditions
(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)
(e) Means of injury _____

23. Signature William A. Green (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Edward L Bray

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

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

6. (b) Name of husband or wife Jda Bray 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov - 12 - 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months - Days 26 If less than one day
hr. _____ min. _____

9. Birthplace Ray Down, Marion Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business

12. Name Thos a Bray

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

14. Maiden name Emma Wheeler

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

16. (a) Informant Elgie Hawk

(b) Address St James Mo

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

(c) Place: burial or cremation Masonic

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) Dec-29-45 (b) Cora E. Birmingham
(Date received local registrar) (Registrar's signature)

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

81
3
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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.