

**FILED MAR 28 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 6413

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. #61

**1. PLACE OF DEATH:**

(a) County McDonald

(b) City or town Neel mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: neither  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether)

In this community 40 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME THOMAS A. RAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct 7 1960  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>85</u>	<u>1</u>	<u>23</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Neels mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ✓

**MOTHER FATHER**

12. Name She Ray

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

14. Maiden name unknown

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

16. (a) Informant Lizzie Ray

(b) Address Neel mo

17. (a) Burial (b) Date thereof 12-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson mo

18. (a) Signature of funeral director J. Anderson

(b) Address Anderson mo

19. (a) Jan. 5, 1946 (b) Mrs. M. S. Stanbur  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County McDonald

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

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

(e) If foreign born, how long in U. S. A. ✓ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 30  
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 23  
1945 to Nov 30, 1945.

that I last saw him alive on Nov 20, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: Of operations \_\_\_\_\_

Of autopsy 107

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 21

23. Signature R. P. Hunter (M. D. or other) \_\_\_\_\_

Address Neel mo Date signed Jan 5, 46

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

RECEIVED

District Health Officer No. 6,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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 me

\_\_\_\_\_, Registered Apprentice No. ✓

working under my personal supervision.

Signed M. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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, above space should be left blank.