

No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 11 1946
Registration District No. 276

Primary Registration District No. 5947

State File No. _____
Registrar's No. 9

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME James Ray
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7-19-1944
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation none

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm F Ray
 13. Birthplace St James mo
(City, town, or county) (State or foreign country)
 14. Maiden name Rosa Turner
 15. Birthplace _____ mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Ray
 (b) Address St James mo
 17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation celer cem

18. (a) Signature of funeral director EVER
 (b) Address St James mo
 19. (a) 4-6-46 (b) Cora E Birmingham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps
 (c) City or town St James Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Asher cem
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 2
 year 1946 hour 11:00 minute 8 P. M.
 21. I hereby certify that I attended the deceased from mar 12
1946 to mar 2 1946
 that I last saw h. in alive on mar 2 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia, lobar, left
 Due to pneumococcus
type ?
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 wk
PHYSICIAN

 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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 W. Shuker (M. D. or other) _____
 Address St James Date signed Apr 3/46

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

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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.....

Wm J Lieklider

Licensed Embalmer No. *3191*

P. O. Address.....

St James, 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.