

FILED MAY 1 1946

State File No. _____

Registration District No. 343

Primary Registration District No. 4506

Registrar's No. _____

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Essex
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 60 yrs

3. (a) PRINT FULL NAME MANUEL JOSEPH PAZER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Small 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 5 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation ret farmer

11. Industry or business _____

12. Name Samuel Rayer

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

14. Maiden name Sarah Jane Welch

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

16. (a) Informant James Rayer

(b) Address Bladenfield, Mo

17. (a) Burial (b) Date thereof 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo

18. (a) Signature of funeral director Welsh

(b) Address _____

19. (a) April 7 (b) Kate Hawley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Essex
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 3 1946 to Feb 4 1946
that I last saw him alive on Feb 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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 0

23. Signature J. P. B. Brandon M. D. or other _____
Address Essex, Mo Date signed Feb 4 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 446-543

Date Filed 4-16-46

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.....

Raymond Lewis

Licensed Embalmer No.

3867

P. O. Address.....

Linton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 1

Registration District No. 343

Primary Registration District No. 4506

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex
(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

Manuel J. Rayer

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 5
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 2
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Samuel Rayer
13. Birthplace Essex, Mo (City, town, or county) (State or foreign country)
14. Maiden name Elsa Jane Waddy
15. Birthplace Essex, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Rayer
(b) Address Bloomfield Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 7 year 1946 hour 7 minute 15 M.
21. I hereby certify that I attended the deceased from 7 to 19
that I last saw him alive on 7 1946
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

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) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

15425