

No. 2  
A-5-43  
5-17-39  
I X36671

**FILED JUL 22 1946**

Registration District No. **293**

Primary Registration District No. **4436**

Registrar's No. **17**

87  
10  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Ralls  
 (b) City or town New London  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
family Residence 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days Lifetime

**3. (a) PRINT FULL NAME** Jennie Kirtley Fray  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Female **5. Color or** white **6. (a) Single, widowed, married,** divorced widowed  
**6. (b), Name of husband or wife.** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased.** May 3 1862  
(Month) (Day) (Year)

**8. AGE:** 84 Years 1 Months 7 Days - If less than one day  
 hr. - min.

**9. Birthplace** Ralls county, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** retired School Teacher

**11. Industry or business** \_\_\_\_\_  
**12. Name** Columbus Franklin  
**13. Birthplace** Virginia  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Virginia Buckner Rutley  
**15. Birthplace** Virginia  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. J. B. Lewellen  
**(b) Address** Frankford, Missouri

**17. (a)** Burial **(b) Date thereof** June 12 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Barkley Cemetery

**18. (a) Signature of funeral director** Roy C. Schwope  
**(b) Address** 1009 Broadway, Hannibal, Mo.

**19. (a)** June 15 1946 **(b)** P. A. Hales  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ralls **87**  
 (c) City or town New London  
(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 June day 10  
 year 1946 hour 1 minute - P.M.  
**21. I hereby certify that I attended the deceased from** June 7 1946, to June 10 1946  
 that I last saw her alive on June 10 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decom  
per rate on  
 Due to three infarctions

Due to \_\_\_\_\_  
 Other conditions arteriosclerotic  
(Include pregnancy within 3 months of death)  
hypertens  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none 3/1

Duration \_\_\_\_\_  
 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 death \_\_\_\_\_  
**23. Signature** Thos. A. Noble (M.D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 7-46-1406

Date Filed JUL 18 1946

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

*Paul Richard Brown*

Licensed Embalmer No. 4324

P. O. Address 1000 Broadway, Hannibal, 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.