S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35848

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 86

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Shelbina (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 years, months or days)

In this community 85 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina (If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location) 3

(e) Citizen of foreign country? No. (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Sarah Alice Ray

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John William Ray 6. (c) Age of husband or wife if alive years

Birth date of deceased July (Month) 26 (Day) 1860 (Year)

8. AGE: Years 85 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home wife

11. Industry or business —

FATHER 12. Name William Stewart

13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 7

MOTHER 14. Maiden name Elizabeth Leslie

15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Henry Carroll

(b) Address Shelbina, Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bacon Chapel Cem

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina, Mo.

19. (a) Sept 28-46 (Date received local registrar) (b) Ruth Jagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20. year 1946 hour 10. minute 9. A. M.

21. I hereby certify that I attended the deceased from Mar. 1943, 19..., to 6-20-46, 19...; that I last saw h. alive on 6-20-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart Disease	3 yrs.
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. M. Wood (M. D. or other)

Address Shelbina Mo Date signed 6-21-46

307 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1877
Date Filed OCT 14 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 Jack Hayes, Registered Apprentice No. ....., working under my personal supervision.

Signed Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Shelbina, 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.