

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

884

FILED FEB 11 1947

Registration District No. 233

Primary Registration District No. 3022

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 60 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Thomas D. Ray

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chula 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 8 - 1 - 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business
Name William Ray

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

Maiden name Sarah Youngs

Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

16. Informant Chula Ray

17. (a) Address Bethany, Mo.
(Burial, cremation, or removal) (b) Date thereof 1-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director M. H. ...
(b) Address Bethany, Mo.
19. (a) Jan 25 1947 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. South St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 1947
year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug. 15, 1943 to Jan 12, 1947
that I last saw him alive on 1-11-47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 46

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?

23. Signature Ralph L. Walker (M. D. or other) 2
Address Bethany, Mo. Date signed 1/24/47

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

MOTHER FATHER
2/9/48
Copies
for
file
3
1/28/47

116

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1948
FEB 9 1948

DISTRICT OF HEALTH OFFICE
Cameron, Mo.

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..... *W.B. New* 3899
..... Licensed Embalmer No. *Bethany, Mo*
..... P. O. Address.....

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.

WALKER HOSPITAL & CLINIC

DR. RALPH WALKER

PHONE 25

BETHANY, MISSOURI

State file No. 884-47

State of Missouri)
) SS.
County of Harrison)

Dr, Ralph L. Walker, residence Bethany Mo. being duly sworn on his oath states that he was the attending physician of Thomas D, Ray before his death. That the said Thomas D, Ray died at Harrison County Missouri Jan, 19" 1947, That he last saw him and treated him Jan 18" 1947 at his home in ~~Cypress-Township~~ ^{Bethany} in Bethany Mo. on above date,

Ralph L. Walker

Subscribed and sworn to before me this 5" day of Feb, 1948,

My commission expires Mar. 4" 1949,

Gilbert Darlow

Notary Public

FEB 7 1948
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

884-47

State of Missouri }
County of Harrison } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8

On this 17 day of January, 1948, before me appears Mrs. Lula
Etta Ray, who, upon her oath, states that the original record of ~~her~~ death
for Thomas D. Ray, ~~died~~ January 19, 1947, in the State of
Missouri, and which was filed at Bethany, Mo on Jan. 24 1947, should be corrected as follows:

Item No. 20 should read Died Jan. 19, 1947

Instead of died Jan. 12, 1947

Item No. 17 b should read Burial Jan. 21, 1947

Instead of Jan. 19, 1947

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lula Etta Ray wife Relationship.

Bethany Mo
Present Address.

Subscribed and sworn to before me this 17 day of January, 1948.

My Commission expires May 12, 1949 Zola Burris Notary Public.