

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4531  
Registrar's No. 12

Registration District No. 120 Primary Registration District No. 4198

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

1. PLACE OF DEATH:  
(a) County Gentry  
(b) City or town King City  
(c) Name of hospital or institution: Home  
(d) Length of stay: In hospital or institution XXXXXXXX  
In this community All Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Gentry 38  
(c) City or town King City 2  
(d) Street No. (e) Citizen of foreign country? No. (Yes or No) 3

3. (a) PRINT FULL NAME Albert Emmett Bray  
(b) If veteran, No (c) Social Security name war None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 17  
year 1947 hour 7:30 minute A. M.

4. Sex Male 0 5. Color or race Cau 2  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bell C.  
6. (c) Age of husband or wife if alive 8 1856 years (Day) (Year)

21. I hereby certify that I attended the deceased from July 1946 to Feb 17 1947  
that I last saw him alive on Feb 15 1947  
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 8 1856 (Month) (Day) (Year)  
8. AGE: Years 90 Months 9 Days 9 If less than one day

Immediate cause of death  
arterio-sclerosis  
→ cause of Prostate  
Due to  
Due to

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

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

10. Usual occupation Farmer  
11. Industry or business Same  
12. Name Samuel Bray  
13. Birthplace Unknown  
14. Maiden name Mary Lindley  
15. Birthplace Unknown

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Chester Bray  
(b) Address King City Mo.  
17. (a) Burial (b) Date thereof 2.18.1947  
(c) Place: burial or cremation King City Mo.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director  
(b) Address King City Mo.  
19. Date received local registrar  
Regist. No. 1947  
Regist. No. 1947  
(Regist. No.) (Regist. No.)

23. Signature  
Address King City Mo.  
Date signed 2-18-47

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**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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.....

*R. G. Taggart*

Licensed Embalmer No. 2563.....

P. O. Address King City 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.**