

FILED NOV 3 1947  
290

Registration District No. \_\_\_\_\_

Primary Registration District No. **5987**

Registrar's No. **135**

1. PLACE OF DEATH:  
 (a) County **Pulaski**  
 (b) City or town **Rural Union**  
 (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 \_\_\_\_\_  
 In this community **Entire Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Pulaski**  
 (c) City or town **Rural**  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME **Robert Lee Ray**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **10** day **25**  
 year **1947** hour **6** minute \_\_\_\_\_ P. M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mary Ray**  
 6. (c) Age of husband or wife if alive **80** years  
 7. Birth date of deceased **11 16 1864**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 29, 1947 to October 25, 1947**  
 that I last saw him alive on **October 25, 1947**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>11</b>	<b>7</b>	_____ hr. _____ min.

Immediate cause of death **Carcinoma of the esophagus**  
 Due to **Granuloma et Remittens Pyroenterica**  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Retired Farmer**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **Bill Ray**  
 13. Birthplace **Unknown**  
 14. Maiden name **Harriett Foraster**  
 15. Birthplace **Unknown**

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

16. (a) Informant **Mrs. Robert Ray**  
 (b) Address **Dixon, Missouri**  
 17. (a) **Burial** (b) Date thereof **10/27/1947**  
 (c) Place: burial or cremation **Seaton**

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **Fred H. Gilbert**  
 (b) Address **Dixon, Missouri**  
 19. (a) **Oct 29 1947** (b) **Thelma C. Buckthorn**  
 (Date received local registrar) (Registrar's signature)

23. Signature **K.W. Meegan** (M. D. or other)  
 Address **Dixon, Mo** Date signed **10/28/47**

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

MOTHER FATHER

**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.....

*Hayden Gilbert Schindler*, Registered Apprentice No. *463*  
working under my personal supervision.

Signed *Fred W. Gillett*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

**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.**