FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6070

State File No. 20591

Registrar's No. 201

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: rural Liberty
(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 ..... In this community: 83 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: near Knoblick Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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0
0

3. (a) PRINT FULL NAME: Marildia Ann Cray
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: f
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 9
6. (b) Name of husband or wife: John Cray
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 7, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	15	hr. min.

9. Birthplace: Madison County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: NONE
11. Industry or business:
FATHER
12. Name: Allen Simmons
13. Birthplace: Madison Couhty Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Wagoner
15. Birthplace: Madison County Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Joe Chapman
(b) Address: Knoblick, Mo
17. (a) b (Burial, cremation, or removal) (b) Date thereof: 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: C. H. Cozean
(b) Address: Farmington Mo.
19. (a) 6-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 year 1948 hour 1 minute 35 P.M.
21. I hereby certify that I attended the deceased from June 2nd, 1948 to June 22, 1948 that I last saw her alive on June 22 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

PHYSICIAN
Underline the cause of 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: ?
23. Signature: L. M. Stanfield M.D. (M. D. or other)
Address: Farmington Mo. Date signed: 6/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 648-82

Date Filed 6-28-

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.