No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1949

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3414

State File No. 39745

Registrar's No. 61

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

1. PLACE OF DEATH:
(a) County: Douglas
(b) City or town: Ava, Rural Washington
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Douglas 34
(c) City or town: Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Sarah Malinda Gray
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. 4, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
93	8	19	..... hr. ..... min.

9. Birthplace: Hendrix County, Indl (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....
FATHER
12. Name: James A. Bray
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hulda Harper
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ira E. Bray
(b) Address: R. Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Goodhope
18. (a) Signature of funeral director: Clinkingbeard Funeral
(b) Address: Ava, Missouri Missouri
19. (a) Jan. 5-49 (Date received local registrar) (b) Vestal Buchanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from O.M. October 13, 1948, to ....., 19.....; that I last saw him alive on October 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	Short
Due to chronic Myocerditis and Arterio Sclerosis	
Due to Senile Degeneration	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 93 A

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: R M Norman (M. D. or other) MD
Address: Ava Mo. Date signed: Dec. 1, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 149-51
Date Filed 1-11-49

MAY 19 1949

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. A. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.