

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4461

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, <del>Rural</del> <u>Rural</u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AnnHomeaska Ray.</u>		d. STREET ADDRESS (If rural, give location) <u>Sullivan, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>ALASKA</u>	
c. (Last) <u>RAY.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 - 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1903</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charlie Payne</u>	
13b. MOTHER'S MAIDEN NAME <u>Lenner E. King</u>		14. NAME OF HUSBAND OR WIFE <u>William Ray.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-30-5811</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William Ray</u>		ADDRESS <u>Sullivan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>190X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>7:00</u> , 19 <u>49</u> (to <u>3/2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar. 2</u> , 1949, and that death occurred at <u>3:35 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>William Ray</u>		23b. ADDRESS <u>St. Clair, Mo.</u>	
23c. DATE SIGNED <u>3/1/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads</u>	
24d. LOCATION (City, town, or county) (State) <u>Leasburg, Crawford Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-4-49</u>	
REGISTRAR'S SIGNATURE <u>Ed Brater</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. P. Shaffer</u>	
ADDRESS <u>Sullivan, Mo.</u>		ADDRESS <u>Sullivan, Mo.</u>	

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

36  
4  
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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 3-7-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edgar W. Pflaum*  
Licensed Embalmer No. *3394*

P. O. Address *Sullivan, 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.