

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30887

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>LA FAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH 13th ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOIRA</u>		b. (Middle) <u>ETHEL</u>	c. (Last) <u>BRAY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 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>MAR. 23, 1888</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>61 5 12</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>ISAC JACOBS</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA WALKER</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. Bray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Gray Smithville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		INTERVAL BETWEEN ONSET AND 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>Carcinoma of Lung</u>		1/6/31	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (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) m.	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>5 Sept</u> , 19 <u>49</u> , to <u>5 Sept</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5 Sept</u> , 19 <u>49</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Signed or title) <u>W. Ward</u>		23b. ADDRESS <u>L. Exington Mo</u>	23c. DATE SIGNED <u>9/6/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCELAH</u>	24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>
DATE REC'D BY LOCAL REG. <u>9/26/49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FORREST F TEMPEL LEX MO</u>	

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

RECEIVED

SEP 29

District Health Officer No. 8,

District File Number.....

Date Filed 9-30-49

Ward

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.

Signed.....

Geo. McKean

Signed.....

Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Leungton, 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.