No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41598

FILED JAN 9 1945

Registration District No. 2006 — Primary Registration District No. 7-712 — Registrar's No. 78

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural (12 mi Twnshp)
(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 1 (Specify whether
In this community Life years, months or days)

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

3. (a) PRINT FULL NAME DeWitt B. Wray

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

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ida Wray
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 27 (Day) 1871 (Year)

8. AGE: Years 73 | Months 4 | Days 22 | If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER
12. Name Francis Wray
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Patsy Lloyd
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Walter K. Graham
(b) Address Saco. Mo

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Barrett Cemetery

18. (a) Signature of funeral director Webb-Hart-Tull Funeral Home
(b) Address Fredericktown Mo

19. (a) Dec. 20, 1944 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)
By O. A. Edwards

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19th
year 1944 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 1- , 1944, to Dec 15, 1944; that I last saw h— alive on Dec 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-Pneumonia	17 da.
Due to:	
Due to: 107	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations —
Of autopsy —

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? (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 O. A. Meyers (M. D. or other)
Address Caledonia, Mo. Date signed Dec 29/44

481

RECEIVED
District Health Officer No. 4
District File Number 145-23
Date Filed 1-6-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.