

No. 300  
-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39737

FILED JAN 3 1948

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 4171

Registrar's No. 71

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Clarksdale RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 20 years, months or days  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32

(c) City or town Clarksdale RURAL 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paris George Bray

3. (b) If veteran, name war World War I,

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leslie Bray

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased NOV. 7. 1892  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14  
year 1948 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1948, to Dec 14, 1948,  
that I last saw h. 1 M alive on Dec 14, 1948,  
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Electrician

Immediate cause of death Cerebral Hemorrhage 6 hrs  
Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Bray 9

13. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Carr 6

15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Bray

(b) Address Clarksdale Mo

17. (a) Burial (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale Mo

18. (a) Signature of funeral director John [Signature]

(b) Address Maysville Mo

19. (a) 12-20-48 (b) Carol Dodson  
(Date received local registrar) (Registrar's signature)

Major findings: 30

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 2

Address 12-17-48 Date signed \_\_\_\_\_

Duration

6 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

825 Tuman Memphis, Mo.

JAN 13 1955

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**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.....

*John D. Brown*

Licensed Embalmer No. 3933

P. O. Address Maysville 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.**