

DEC 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH.

39551  
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431  
(b) Township \_\_\_\_\_ Primary Registration District No. 3023  
(c) City Warrensburg (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W. F. Edward Ray

(a) Residence, No. 623 W. Market St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Margaret Ray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>about 70</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo.</u>		
FATHER	13. NAME <u>Silas Ray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT (ADDRESS) <u>Mrs Margaret Ray</u> <u>623 W. Market Warrensburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Nov 17 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. F. Wilcox Funeral Service</u> <u>Warrensburg Mo.</u>		
20. FILED <u>Nov. 12 1938</u> <u>Edna Bentley</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1938 to Nov 12 1938  
I last saw him alive on Nov 8 1938 Death is said to have occurred on the date stated above, at 12:45 Am.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage causing paralysis of the whole left side  
Date of onset Oct 6th 1938

Other contributory causes of importance:  
chronic brights with hyperextension

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify John T. Anderson, M.D.  
(Signed) \_\_\_\_\_ (Address) Warrensburg Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

58  
11  
1938

IX 14023

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/7/38

**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, \_\_\_\_\_

*Don Turpin*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. ~~3053~~ \_\_\_\_\_, working under my personal supervision.

Signed *Don Turpin* \_\_\_\_\_

Licensed Embalmer No. *3053* \_\_\_\_\_

P. O. Address *Waverly* \_\_\_\_\_

**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, above space should be left blank.**