

FILED MAR 19 1941

Registration District No. **720**

Primary Registration District No. **5th 33**

Registrar's No. **25-**

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 102 days
(Specify whether years, months or days)
 In this community 102 days

8. (a) PRINT FULL NAME Romey Ray
 8. (b) If veteran, name was No
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Black
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased: April 4 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 14
 If less than one day: hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name John Ray
 18. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Smith
 15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Missouri State Sanatorium

17. (a) Columbus Mo (b) Date thereof 2-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbus Mo

18. (a) Signature of funeral director Stuart O. Porter
 (b) Address Columbus Mo

19. (a) 2-18-41 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard
 (c) City or town Fayette
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
 year 1941 hour 10:00 minute 1P M.

21. I hereby certify that I attended the deceased from Nov. 11
1940 to Feb. 18 1941
 that I last saw him alive on m Feb. 18 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. About 15 months
 Duration

Due to _____

Due to _____

Other conditions 17/2
(Include pregnancy within 5 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Pulm T.B. Bilateral
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? Yes

412
(Specify type of place) While at work? (e) Means of injury _____

23. Signature Paul W. Wedin (M. D. or other) D
 Address 206 Vernon Ave Date signed 2-19-41

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

Stuart D. Carter

Licensed Embalmer No.

2900

P. O. Address

Columbia, N.C.

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.