

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28977

Registration District No. 025-

Primary Registration District No. 50515827

Registrar's No. 111

## 1. PLACE OF DEATH

(a) County Nodaway  
 (b) City or town Maryville, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution County Farm, 5  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 yrs. (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
 (c) City or town Maryville, Rural, 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 1/2 miles west of County Farm  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARION PLEASANT RAY.

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

4. Sex M. U. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 25, 1879  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer.

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

12. Name Lewis C. Ray.  
 13. Birthplace Ill.  
 (City, town, county) (State or foreign country)  
 14. Maiden name Mary Richardson  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Ray.(b) Address Elmo, Mo.17. (a) Burial (b) Date thereof Aug 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Palmer Cemetery18. (a) Signature of funeral director Price Funeral Home While at work? \_\_\_\_\_ (Specify type of place)(b) Address Maryville, Mo. (c) Means of injury \_\_\_\_\_19. (a) Aug 18/41 (b) Marie E. Clardy  
(Date received local registrar) (Registrar's signature)Address Maryville, Mo Date signed 8/30/41

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30  
year 1941 hour 1 minute a. M.21. I hereby certify that I attended the deceased from Aug 27 1941 to Aug 29 1941  
that I last saw him alive on Aug 29 1941  
and that death occurred on the date and hour stated above.Immediate cause of death acute Bright's disease Duration 3 daysDue to Prostatitis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature D. E. [Signature] (M. D. or other) \_\_\_\_\_Address Maryville, Mo Date signed 8/30/41

## PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 W. Price* .....

Licensed Embalmer No. *3229* .....

P. O. Address..... *Maryville Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28977  
Registrar's No. ....

Registration District No. 625

Primary Registration District No. 5827

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(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  
In this community, years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Marion P. Ray

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,  &   
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Dec 25 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 8 if less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I or saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Disease

Due to.....  
Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:  
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)  
(b) 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..... (M. D. or other).....  
Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Maryville Mo

SUPPLEMENTARY

1376

