

FILLED OCT 21 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton, Mo.  
(c) Name of hospital or institution State Hospital no. 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 mos 10 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

SAMUEL RAY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex MO 5. Color or race white 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 Aug 8 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Rural

12. Name James Ray

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

14. Maiden name Redosta Canole

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Sept 10 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Ossuary

18. (a) Signature of funeral director A. S. D... ..

(b) Address New Franklin, Mo.

19. (a) Sept 10 1941 (b) R. N. Creve  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard  
(c) City or town New Franklin 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1  
1941, to Sept 10, 1941;  
that I last saw him alive on Sept 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

coronary embolism

Due to arteriosclerosis 10 yrs

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

Other conditions Senile psychosis  
(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? \_\_\_\_\_

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

23. Signature Joseph Imperatore (M. D. or other) M.D.

Address Fulton Mo Date signed Sept 10

MOTHER FATHER

11:

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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..... *T. L. Hall*.....

Licensed Embalmer No. *3515*.....

P. O. Address *New Frank*.....

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

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