

FILED JUN 17 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural - Morrow  
(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 \_\_\_\_\_  
(Specify whether)

In this community 88 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Rural -  
(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.

3. (a) PRINT FULL NAME Mary Jane Ray

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1942 hour Nine minute 20 P.M.

21. I hereby certify that I attended the deceased from ? 1937 to May 19 1942  
that I last saw her alive on May 19 1942  
and that death occurred on the date and hour stated above.

4. Sex F 1

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: January 7 1854  
(Month) (Day) (Year)

Immediate cause of death Senile Debility Duration \_\_\_\_\_

8. AGE: Years 88 Months 5 Days 2 If less than one day ✓ hr. ✓ min.

Due to ✓

Due to ✓

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

10. Usual occupation pieced quilts

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

11. Industry or business ✓

Major findings: ✓  
Of operations ✓

Of autopsy ✓

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name William Ray

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

14. Maiden name Hannah Phillips

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

16. (a) Informant S. J. Dufree

(b) Address Green Castle Mo

17. (a) Burial (b) Date thereof June 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

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? ✓

18. (a) Signature of general director Glenn E. Hunt

(b) Address Green City Mo

19. (a) June 9, 1942 (b) Mrs. L. Wagoner  
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)

(e) Means of injury ✓

23. Signature W. J. G. G. G. (M. D. or other)

Address Green Castle Mo Date signed 6/11/42

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

100

1049

RECEIVED

District Health Officer No. 10

District File Number 6-42-1331

Date Filed JUN 15 1942

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.....

*Not embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Glen E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City 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.