

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18412

State File No.

Registrar's No. 5

Registration District No. 1076

Primary Registration District No. 5-680

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Avalon Livingston Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
P. O. Avalon, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri. (b) County Livingston

(c) City or town Avalon
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery-Avalon, Mo
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William Lee Wray

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour 11:15 minutes P. M.

21. I hereby certify that I attended the deceased from April 1942 to May 19 1942
and that death occurred on the date and hour stated above.

4. Sex M D 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Eva Wray

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 17 1861
(Month) (Day) (Year)

Immediate cause of death.....
Portal Perforation of Liver

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

80 8 0 hr. min.

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

1248

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Claborn Wray

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

{ 14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Delbert E. Wray

(b) Address 7511 Magee--Kansas City, Mo.

17. (a) Christison (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christison Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) May 21 1942 (b) Mrs. Nan Fullerton
(Date received local registrar) (Registrar's signature)

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 P. Palmer (M. D. or other).....
Address Chillicothe Mo Date signed 5/20/42

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.....

E. R. Norman

Registered Apprentice No.....

working under my personal supervision.

Signed.....

ER Norman

Licensed Embalmer No.....2374

P. O. Address.....Chillicothe, 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.