

V. S. No. 2  
 —11-10-39  
 v. 5-17-39  
 I X21492

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

19272

State File No. \_\_\_\_\_

FILED JUN 12 1942

Registration District No. 275 Primary Registration District No. 6162 Registrar's No. 34

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

**1. PLACE OF DEATH:**  
 (a) County Vernon  
 (b) City or town Rural - Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital # 3 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward A. Wray

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business Postal Service

12. Name James Wray

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

14. Maiden name Almira Pollara

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

16. (a) Informant Mrs. E. A. Wray

(b) Address South Greenfield, Mo.

17. (a) Burial (b) Date thereof 5-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.

18. (a) Signature of funeral director W. J. Amundson

(b) Address Wadeville, Mo.

19. (a) 5-2-1942 (b) Walter Amundson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Dade  
 (c) City or town South Greenfield  
(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 May day 1  
 year 1942 hour 4:30 minute 1 M.

21. I hereby certify that I attended the deceased from April 28, 1942, to May 1, 1942;  
 that I last saw h. in alive on May 1, 1942,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Acute (?) Gastric Dilatation

Due to Chronic Myocarditis

Other conditions Mild Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
 Of autopsy Dilated Stomach + Small Intestine

Duration 3 hrs  
 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) (Means of injury)

23. Signature Walter H. Jellison (M. D. or other) M.D.

Address Veranda, Mo. Date signed 5-1-42

JUN 17 1946

RECEIVED

District Health Officer No. 7

District File Number 6-43-630

Date Filed 6-11-42

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.....

*F. L. Durrddie*

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

working under my personal supervision.

Signed *F. L. Durrddie*

Licensed Embalmer No. 37806

P. O. Address Dadeville, 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, above space should be left blank.