

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town rural 22  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Highway R-1 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

George H. Ray

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Frankie Ray

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 26. 1881

(Month)

(Day)

(Year)

8. AGE:

Years 60

Months 8

Days 7

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

(City, town, or county)

Mo. 0  
(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name Geo Ray

13. Birthplace

(City, town, or county)

Mo. 0  
(State or foreign country)

14. Maiden name Sarah Hartley

15. Birthplace

(City, town, or county)

Mo. 0  
(State or foreign country)

16. (a) Informant Mrs. Frankie Ray

(b) Address Highway - Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 7-5-42

(Month) (Day) (Year)

(c) Place: burial or cremation McConnell

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

(b) Address Cleaver - Mo

19. (a) July 9

Date received local registrar)

(b) Mary F. Spear  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4<sup>th</sup>  
year 1942 hour 6 minute 1 A.M.

21. I hereby certify that I attended the deceased from Allen  
1942 to July 3, 1942

that I last saw him alive on July 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular disease  
Direct  
Due to Perhaps to heart trouble  
from 6 or 8 yrs ago  
Due to \_\_\_\_\_

Duration

Duration  
3 hrs 30 min

Other conditions  
(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 W. B. Kassar (M. D. certifier)  
Address Highway Mo. Date signed 7/4/42

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

22  
10  
00

1249

RECEIVED

District Health Officer No. 6,

District File Number 742-962

Date Filed JUL 13 1942

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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 J. W. Maples  
Licensed Embalmer No. 2985  
P. O. Address Cluer 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.**