. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

Registration District No. 286

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22212

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Humansville
(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 years, months or days): 2 yrs

In this community: 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk 84

(c) City or town: Humansville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Charles Elmer Ray

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Margaret Ray

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: August (Month) 15 (Day) 1878 (Year)

8. AGE: Years 64 | Months 3 | Days 6 | If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Robert Ray
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mary Allen
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Fern Hughes
(b) Address: Humansville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Humansville Cemetery

18. (a) Signature of funeral director: E. H. Linn
(b) Address: Humansville, Mo.

19. (a) June 17-43 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

1188

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from June 4, 1943, to June 14, 1943 that I last saw him alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Softening due Cerebral Thrombosis — Duration: 12 days

Due to:

Due to:

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Pearce C. Neuns (M. D. or other) M.D.

Address: Humansville Mo. Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 19[illegible]

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 by me, Registered Apprentice No. ..... working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.