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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35045

State File No.

Registration District No. NOV 12 1945 755

Primary Registration District No. 5578

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3018 E. Seventh Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. 3018 E. Seventh Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Erwin Stewart Wray

3. (b) If veteran, name war unknown

3. (c) Social Security No.

4. Sex 0 M

5. Color or race W

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

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

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

7. Birth date of deceased November 4, 1897 (Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Marysville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Myers Motor Supply

FATHER
12. Name William Wray
13. Birthplace Marysville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sadie Stewart
15. Birthplace Ironton (City, town, or county) Ohio 0 (State or foreign country)

16. (a) Informant Letha Wray

(b) Address 3018 E. Seventh Street, Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Oct 22, 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from January 15, 1943, to October 20, 1943, that I last saw him alive on October 20, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lung abscess	2 months
Due to Bronchiectasis	several years
Due to Cause of bronchiectasis not known	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

114 d

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

23. Signature R. L. Laney (M. D. ~~another~~)

Address Joplin, Mo. Date signed 10/20/43

(Licensed Embalmer's Statement on Reverse Side)

43-10-903

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
-43
K36930

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov.

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3018 E. Seventh St.
(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) In this community 30 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Ermin S. Wray

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Nov. (Month) 4 (Day) 1899 (Year)

8. AGE: Years 45 | Months 11 | Days 4 | If less than one day: ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... , 19..... ; that I last saw h alive on ..... , 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

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 .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

35045