

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10809
Registrar's No. 43

FILED MAR 26 1945
Registration District No. 4516

Primary Registration District No. 4516

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

1. PLACE OF DEATH:
(a) County Juniata
(b) City or town Forsyth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Juniata
(c) City or town Forsyth, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BELLINIA SUSAN RAY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 7 year 1945 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from FEB 7 1945 to FEB 7 1945 that I last saw her alive on FEB 7 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single ~~widowed, married, divorced, natural~~
6. (b) Name of husband or wife JOHN HERBERT RAY 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Oct 16 (Month) 1868 (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to Chronic coronary
Due to arteriosclerosis
Other conditions hypertension
(Include pregnancy within 3 months of death)
Major findings: Of operations gla
Of autopsy _____

8. AGE: Years 76 Months 5 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace unknown (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name LOUIS HOUSEMAN
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name ANNIE E WEISER
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant JOHN RAY
(b) Address FORSYTH, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Forsyth, Mo. Synagogue
18. (a) Signature of funeral director Harry Forsyth
(b) Address Forsyth, Mo
19. (a) 2-9-45 (Date received local registrar) (b) Loise Forsyth (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 Harry Forsyth (M. D. or other) _____
Address Forsyth, Mo Date signed 2/8/45

RECEIVED

District Health Officer No. 6,
District File Number 343-356
Date Filed MAR 23 1945

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.....
Mat Embalmer, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.