

S. No. 2
1-8-43
5-17-39
PI X37823

FILED JAN 30 1946
Registration District No. 339

Primary Registration District No. 4499

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(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 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Jermie Ray

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 14
year 1945 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 14, 1945 to Dec 14, 1945
that I last saw he alive on Dec 14, 1945
and that death occurred on the date and hour stated above.

4. Sex P / 5. Color or race W

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

6. (b) Name of husband or wife Elmer B. Ray

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 24 1980
(Month) (Day) (Year)

Immediate cause of death, cardiac pneumonia Duration _____

Due to hemiplegia

Due to mitral heart lesion

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 1 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Rankin

13. Birthplace Dont prau 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Porter

15. Birthplace Dont prau 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer B. Ray

(b) Address Shelbina Mo 77-45

17. (a) burial (b) Date thereof 12-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina Mo

19. (a) 12-29-45 (b) Quint J. J. J.
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 926

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 J. A. Furnish (M. D. or other) _____
Address Shelbina Mo Date signed Dec 16

RECEIVED

District Health Officer No. 10

District File Number 1-46-242

Date Filed JAN-28-1946

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.....

Licensed Embalmer No. 1487

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.