

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30718**

Registration District No. **27**

Primary Registration District No. **2014**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
15 East Kansas
(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 **12 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**

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

(d) Street No. **15 E. Kansas**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Alice McKee Ray**

3. (b) If veteran, name war **XXX**

3. (c) Social Security No. **XXX**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Harvey Veach Ray**

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

7. Birth date of deceased **November 16 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	2	hr. min.

9. Birthplace **Cairo Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **John Willison McKee**

13. Birthplace **Allegheny County, Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Burdum**

15. Birthplace **Centropolis Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Russell Ray**

(b) Address **15 E. Kansas, Liberty, Mo.**

17. (a) Removal **Sept. 20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date thereof **Sept. 20/47**

(c) Place: burial or cremation **Forest Hill, K.C. Mo.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **119 E. Franklin, Liberty, Mo.**

19. (a) **Sept. 1947** (b) **Minnie Haynes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **18th** year **1947** hour **11** minute **58** P. A. M.

21. I hereby certify that I attended the deceased from **4 August 1947** to **18 September 1947**; that I last saw her alive on **18 September 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure due to Multiple cerebral hemorrhages**

Duration **6 wks.**

Due to **Hypertension and generalized peripheral arteriosclerosis**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**

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) (e) Means of injury

23. Signature **F. M. Waterman, M.D.** (M. D. or other)
Address **Liberty, Mo.** Date signed **1947**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filled 10-6-47

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. Cardo Jr*

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.