

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28955
Registrar's No. 1056

FILED OCT 9 1948
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3004 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town near Dearborn 0
(If outside city or town limits, write "RURAL") 0
(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 John Robert Ray
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4
year 1948 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from 1st to 4th 1948
that I last saw him alive on Sept 15 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ella Ray Boydston
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sept. 17 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 39 years
Due to Arteriosclerotic Heart disease? Hypertension 10 years
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 0 Days 17
If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farming

12. Name George W. Ray
13. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Wilson
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ducan RAY
(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof 10-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn Cemetery

18. (a) Signature of funeral director Vaughn-Aufranc
(b) Address Dearborn, Missouri

19. (a) 10-5-48 (b) E. E. Perkins
(Date received local registrar) (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 E. L. Dinkham (M. D. or other) _____
Address Dearborn Mo Date signed 10-4-48

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 W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston, 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.