

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11686

State File No.

No. 300
10. 48

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>392</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2920 Olive Street</u>				d. STREET ADDRESS (If rural, give location) <u>2920 Olive Street</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print), a. (First) <u>Frances</u>			b. (Middle)		c. (Last) <u>Wray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1951.</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>✓</u>		8. DATE OF BIRTH <u>Dec. 19, 1863</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR: Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Serena, Illinois,</u> <u>/</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Rapp MD</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Bordeau</u>			14. NAME OF HUSBAND OR WIFE <u>Charles E. Wray</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>*****</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bess Poirier St. Joseph, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ac Glomerular Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>29</u> <u>47 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>28 Dec</u> , 19 <u>49</u> , to <u>6 Apr</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3 Apr</u> , 19 <u>51</u> , and that death occurred at <u>1:15 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carroll W. Stang</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>520 Francis St. Joseph, Mo.</u>				23c. DATE SIGNED <u>6 Apr 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 9, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>April 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoff</u>		ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Mr. J. Colborn
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 *****

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.