

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14429

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Franklin Ray

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Addie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 15, 1953
 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co. Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
 { 12. Name James Carroll Ray
 { 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Lucinda Wade
 { 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Ray
 (b) Address Poplar Bluff Mo
 17. (a) Burial (b) Date thereof April 7, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City

18. (a) Signature of funeral director Greer-Croy Service
 (b) Address Poplar Bluff, Mo.
 19. (a) 4/10/40 (b) Blountinger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 427 N. Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1940 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from 2/29, 1940 to 4/5, 1940
 that I last saw him on 4/5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Spanish Pneumonia

Due to Remission

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

Major findings:
 Of operations _____

Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place)
 Means of injury _____

28. Signature J. J. J. J. J. (M. D. or other) 4/6/40
 Address Poplar Bluff Mo signed 4/6/40

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. *3474*

P. O. Address *Boyer Bluff*

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, above space should be left blank.