

FILED AUG 5 1946
Registration District No. **277**

Primary Registration District No. **60-2-27057**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ray County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Richmond**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ray County Home**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20th**
year **1946** hour **12:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 15** to **July 20**, 19**46**
that I last saw **er** alive on **July 13** and that death occurred on the date and hour stated above.
Duration **7/13-7/20**

Immediate cause of death:
Chronic Myocarditis

Due to _____
Due to _____

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

Major findings:
Of operations **93d**
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? _____

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

23. Signature: **B. E. Ray** (M. D. or other) _____
Address **Richmond** Date signed **7-22-46**

3. (a) PRINT FULL NAME **MARY ANNIE COX**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Carridon Cox** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **October 12, 1856**
(Month) (Day) (Year)

8. AGE: Years **89** Months **9** Days **8** If less than one day hr. min.

9. Birthplace **Polo, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **---**

12. Name **Thomas A. Griffey**

13. Birthplace **Unknown Kentucky**
(State or foreign country)

14. Maiden name **Mary Crowley**

15. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ezra Cox**
(b) Address **Plattsburg, Missouri**

17. (a) **Burial** (b) Date thereof **July 21, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rayville, Mo.**

18. (a) Signature of funeral director **Thurman**
(b) Address **Richmond, Missouri**

19. (a) **July 22-46** (b) **Mabel Jackson**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Order No. 8

District File Number

Date Filed 8-3-46

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 ~~XXXX~~
Registered Apprentice No. _____
working under my personal supervision.

Signed *E. Harman*

Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.