V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6956

State File No.

Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Clay / Ray / Liberty Hospital
(b) City or town Braymer RFD #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 89
(c) City or town Braymer Liberty Hospital
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY E. RACY
3. (b) If veteran, name war —
3. (c) ~~Social~~ Security No. —

4. Sex F 1
5. Color or race wh
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John W. Racy
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Sept (Month) 20 (Day) 1863 (Year)

8. AGE: Years 72 | Months 3 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Ray Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Wm Jones
13. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)
14. Maiden name Jane Lightwood
15. Birthplace Unknown (City, town, or county) Del 1 (State or foreign country)

16. (a) Informant John Jones
(b) Address Braymer, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyside Cemetery
18. (a) Signature of funeral director Bernard & Mead
(b) Address Braymer, Mo
19. (a) 2/22/45 (Date received local registrar) (b) Miss Rose W. Shipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1945 hour 3 minute 20 a M.
21. I hereby certify that I attended the deceased from Nov 7 1944 to Feb 21 1945
that I last saw her alive on Feb 20 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Mitral Regurgitation	More than 4 years
Due to Chr. Arteriosclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 C. D. Woolsey (M. D. or other) MD
Address Braymer Mo Date signed 2-20-45

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/13/45

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 Durward L. Mead

Licensed Embalmer No. 2805

P. O. Address Graymer, 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.