

REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19584  
Do not use this space.

1. PLACE OF DEATH  
(a) County Ray (b) Township Blue Grass (c) City Millville Mo. (d) Street No. \_\_\_\_\_ (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Raymond Lee Wall  
(a) Residence, No. Millville Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-65  
7. AGE YEARS 74 MONTHS 10 DAYS Ray unknown If LESS than 1 hr. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) 3 yrs 11. Total time (years) spent in this occupation 53  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Mo.  
13. NAME Wade Wall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15 y.  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) Stone Wall, Jala Kansas  
18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE Wheeler Cemetery May 8 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.B. Rogers, Hardin Mo.  
20. FILED May 4 1939 Mrs. J. E. Grant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset Just.  
Advanced Arteriosclerosis  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis History Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) W. W. Gaudes, M. D.  
(Address) Richmond, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

P. O. Address.....

**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.**