

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

**37891**  
 Do not use this space.

**NOV 18 1937**

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 407  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4241 Registered No. \_\_\_\_\_  
 (c) City Carterville (d) Street No. 319 Daugherty St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Anderson W. Raines**

(a) Residence, No. 319 Daugherty St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie Arilla Raines  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 8 22  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd. Telephone employee  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Ridge Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Josephine Boley Carterville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Oct. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Oct. 30, 1937 J. W. Clark Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 26 to Oct 28 1937  
 I last saw him alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 6:45pm

The principal cause of death and related causes of importance were as follows:

Myo-Carditis  
Hypertension  
apoplexy - 10!  
 Other contributory causes of importance:  
Chronic Nephritis  
Senility

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Ulmer, M. D.  
 (Address) \_\_\_\_\_

N.E.—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.

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4  
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OCCUPATION

FATHER

MOTHER

**STATEMENT BY LICENSED EMBALMER**

I, Ed. C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ed. C. Ulmer

L. E.

No. 2222 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2222

**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.)**