

REC'D AUG 25 1938

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

25853
Do not use this space.

1. PLACE OF DEATH

(a) County Springston Registration District No. 508
 (b) Township Republican Primary Registration District No. 5174 Registered No. 272
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Queen Raulings 453 St. Blasco Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helara G Raulins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 7 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Ret
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1938 to Aug 7 1938
 I last saw him alive on Aug 7 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 7/7/38
948

Other contributory causes of importance: 2

Name of operation none Date of
 What test confirmed diagnosis Cholera Was there an autopsy? No

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) G.W. Carpenter M. D.
 (Address) Chillicothe

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0
 13. NAME Robert Raulins 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (NAME) Ernest Raulins
 (ADDRESS) Blasco Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blasco Mo DATE Aug 9 1938
 19. FUNERAL DIRECTOR (NAME) James Gordon
 (ADDRESS) Chillicothe Mo
 20. FILED Aug 8 1938 David M. Davel Local Registrar. 456

N.B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE
 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,

Jas D Gordon

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *Jas D Gordon*

Licensed Embalmer No. *1870*

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.