

REC'D SEP 27 1938

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

29615
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 623
(b) Township _____ Primary Registration District No. 3031 Registered No. 81
(c) City Maryville (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maude Emert Raines

(a) Residence, No. 605 South Vine St. (If nonresident, give city or town and State)
(b) (Initial place of birth, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.L. Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Tarkio, Mo. (STATE OR COUNTRY)

FATHER 13. NAME T.J. Emmert
14. BIRTHPLACE (CITY OR TOWN) Virginia. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza P. Betobenner
16. BIRTHPLACE (CITY OR TOWN) Oregon, (STATE OR COUNTRY) Ill.

17. INFORMANT H. L. Raines (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Aug 18 1938

19. FUNERAL DIRECTOR Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED Aug 18 1938 Mamie E. Clardy Local Registrar. 556 (Address) Maryville Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to Aug 15, 1938.
I last saw her alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at T. 50th.
The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon Date of onset not known

Other contributory causes of importance:

Name of operation Colostomy Date of Jan 1938
What test confirmed diagnosis? biopsy 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? Y
If so, specify _____
(Signed) W. B. Blommer, M. D.

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself,
L. E. No. _____, Registered Apprentice No. _____
working under my personal supervision.
Signed John W. Price, Licensed Embalmer No. 3229.

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.)