

REC'D OCT 18 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
31545  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison Registration District No. 3  
 (b) Township Kirksville Primary Registration District No. 3001 Registered No. 163  
 (c) City Kirksville (d) Street No. Grum Smith Hospital 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

(a) Residence, No. William Mack Raine 501 St. Edina, 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Nettie Luke  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1880

7. AGE YEARS 58 MONTHS 6 DAYS 24  
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Garin  
 (STATE OR COUNTRY) Clark Co. Mo.

13. NAME Samuel Raine

14. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ellie Dalton

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

17. INFORMANT Mrs. Wm Raine  
 (ADDRESS) Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL Edina, Mo.  
 PLACE Harmony Cem. DATE Sept. 14, 38

19. FUNERAL DIRECTOR (NAME) Mrs. J. W. Hudson  
 (ADDRESS) Edina, Mo.

20. FILED Sept 14, 1938 Spencer Freeman  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938, to Sept 12, 1938  
 I last saw him alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 7:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cholecystitis with acute stones about 3 yrs. 2 lbs.  
Myocardial failure following operation 9-11-38

Other contributory causes of importance:  
Myocardial failure following operation 9-11-38

Name of operation Cholecystomy Date of 9-9-38  
 What test confirmed diagnosis? operation 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) George E. Gann, M. D.  
 (Address) Kirksville, Missouri

RECEIVED

District Health Officer No. 10

District File Number 10-38-209

Date Filed 10-11-38

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**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.**