

1938

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

44773
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Townshp. Washington Primary Registration District No. 6162
(c) City..... (d) Street No..... St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
If death occurred in Hospital or Institution, write its name instead of street and number

2. PRINT FULL NAME Joseph Thomas Rankin
(a) Residence, No. Quada Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Scedora Rankin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1848
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 6 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Indiana

FATHER: 13. NAME Samuel Scott Rankin

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

MOTHER: 15. MAIDEN NAME Hannah Clark

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

17. INFORMANT Beulah Happy (ADDRESS) Kansas City, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton County DATE Nov. 30, 1938

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Quada, Mo.

20. FILED Dec 3 1938 Alfred Gays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/24 1938 to Nov 28 1938
I last saw him alive on Nov 28 1938. Death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
12/1
Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
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?.....
If so, specify.....
(Signed) J. M. Gales, M. D.
(Address) Quada 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.

RECEIVED
District Health Officer No. 71
7-39-131
Date Filed
District File Number 1-13-39

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, Personally

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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.