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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19199

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 166

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9II South Harrison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Franklin Valgene Rains 52

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 31 1933
(Month) (Day) (Year)

8. AGE: Years 6 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Sedalia Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Joe F Rains
13. Birthplace Deepwater (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Helen Reese
15. Birthplace Sedalia Mo (City, town, or county) (State or foreign country)

16. (a) Informant Joe Rains
(b) Address Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mc Laughlin Bros
(b) Address Sedalia Mo

19. (a) 4/2/40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Apr. 30, 1940 to Apr. 30, 1940
that I last saw him alive on Apr. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 40 hrs.

Due to Streptococcic infection Nose & Throat

Due to —

Other conditions — 115C
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Spinal fluid Contained pus & streptococci

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 906 — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Frank B. Long (M. D. or other)
Address Sedalia Mo Date signed 5/2/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-14-40
Date Filed

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.