

No. 4-13-40  
5-17-39  
I X23159

SEP 25 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28560

State File No. \_\_\_\_\_

Registration District No. 315

Primary Registration District No. 5444

Registrar's No. 14

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

1. PLACE OF DEATH: GREENE

(a) County: GREENE

(b) City or town: Attn. Mrs. [unclear]

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

(d) Length of stay: In hospital or institution: 2  
(Specify whether)

In this community: 50  
years, months or days

3. (a) PRINT FULL NAME: Fred Raynard

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: 291-03-0947

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nora Raynard

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

7. Birth date of deceased: March 11, 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace: Ash Grove, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Ash Grove Lumber Co.

MOTHER FATHER

12. Name: John Raynard

13. Birthplace: Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Stalley

15. Birthplace: Salem County, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nora Raynard

(b) Address: Ash Grove, Mo

17. (a) Burial (b) Date thereof: 9-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: \_\_\_\_\_

18. (a) Signature of funeral director: Jene Brun

(b) Address: Ash Grove Mo

19. (a) Sept. 2, 1940 (b) Mrs. Pearl Hughes Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Yellow Springs  
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1940 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him dead alive on Sept 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: \_\_\_\_\_

Due to: Coronary Occlusion 2 weeks

Other conditions (Include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: 946

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

292 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: R. Med White (M. D. or other) 1  
Address: Courser, Greene County Date signed: 11/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

28001

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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, fact should be so stated above.**

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