

FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29875

Registration District No. 838

Primary Registration District No. 4309

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

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

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

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

In this community Life
years, months or days)

3. (a) PRINT FULL NAME Betty Joe Rainey 500

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 6. 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 July 20 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Rainey

{ 13. Birthplace Dexter, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Keathley

{ 15. Birthplace Dexter, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Rainey

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 8/1 1940 (b) Jessamine Beutone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 27 1940 to July 29 1940
that I last saw her alive on July 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions Duration _____

Due to Possible injury to Cortex at birth was a breech presentation and delivery

Due to _____

Other conditions 10/10
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

755 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. R. Cannon (M. D. or other) 20
Address Dexter Date signed 7/29/40

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

RECEIVED

District Health Officer No. 84013

District File Number 110

Date Filed 8/18/40

RECEIVED

STATEMENT BY LICENSED EMBALMER

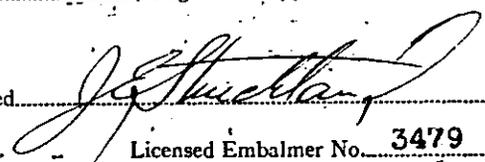
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, KKK

J. E. Strickland

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.