

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39071

State File No.

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 799 days
In this community 799 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
City or town Farmington "Rural"
(If outside city or town limits write "RURAL")
(d) Street No. R# 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

DEC 11 1940

3. (a) PRINT FULL NAME Mabel Nadine Raby

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Olin Raby 6. (c) Age of husband or wife if alive Not known years

7. Birth date of deceased August 5 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 3 18 hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. Edward Mund
13. Birthplace Mayesville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mae Adaline Hopkins
15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mount Vernon, Missouri

17. (a) _____ (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farmington Mo

18. (a) Signature of funeral director James A. Gredert
(b) Address Farmington Mo

19. (a) 11-23-40 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1940 hour 5 minute 20 a. m.

21. I hereby certify that I attended the deceased from Sept. 16, 1938, to November 22, 1940, that I last saw her alive on Nov. 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs

Due to _____

Due to _____

Other conditions 23
(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? _____

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

23. Signature [Signature] (M. D. or other) M.D.
Address Mount Vernon, Mo Date signed 11/23/40

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

RECEIVED

District Health Officer No. 6;

District File Number 140-2936

Date Filed DEC 5 1940

MAY 7 1957

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed George A. Meident

L.B. Smith
Licensed Embalmer No.

P. O. Address Hamington N.J.

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.