

FILED FEB 17 1941

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

2809

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 4280 Registered No. 4
 or City Ironton (d) Street No. 1 47 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANK P. RAYFIELD

(a) Residence, No. Ironton, 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MYRTLE RAYFIELD
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13, 1885
 7. AGE YEARS 55 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Probate Judge
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16th 1941
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th 1941 to Jan. 16th 1941
 I first saw him alive on Jan. 16th 1941. Death is said to have occurred on the date stated above, at 3:09 p.m.
 The principal cause of death and related causes of importance were as follows:

acute Broncho Pneumonia
and
acute naso-pharyngitis
 Date of onset 1/15/41

Other contributory causes of importance:
Bilateral Chronic
Pulmonary Tuberculosis?

Name of operation none Date of none
 What test confirmed diagnosis? exam. Was there an autopsy? no

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? no
 If so, specify
 (Signed) R. E. Harland M. D.
 (Address) Ironton, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CADDS HILL Missouri
 13. NAME CARTER RAYFIELD
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri
 15. MAIDEN NAME NANCY ANN FARRIS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri
 17. INFORMANT MYRTLE RAYFIELD
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE DES ARC DATE 1/19 1941
 19. FUNERAL DIRECTOR (NAME) Geo. P. Leibel
 (ADDRESS) Ironton, Missouri
 20. FILED Jan-18 1941 Julia A. Houston
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

1/16/41....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. P. Leuchel

Licensed Embalmer No.....

3475

P. O. Address.....

Denton 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.