

No. 2
4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4515
Registrar's No. _____

Registration District No. 821 Primary Registration District No. 4553

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution:
201 So. Scott St.
(d) Length of stay: In hospital or institution 40 yrs.
In this community 40 yrs.

3. (a) PRINT FULL NAME Polly Ann Raney
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Everett Raney
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Feb. 15 1856

8. AGE: Years 84 Months 11 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Early

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

14. Maiden name Gentry

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Louise Schultz

(b) Address Sikeston, Missouri

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cemetery Oran, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Sikeston, Mo

19. (a) 2-3-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston Missouri
(d) Street No. 201 So. Scott St.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1941 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 15 = 1941
to Jan 20, 1941
that I last saw her alive on Jan 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pericard Hemorrhage
Due to Hypertension

Other conditions: § 3 W
(Include pregnancy within 3 months of death)

Major findings: 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? _____

23. Signature [Signature] (M. D. or other) D
Address Sikeston Mo Date signed _____

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

00
5-30

100
0
2
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 241-228

Date Filed 2/11/41

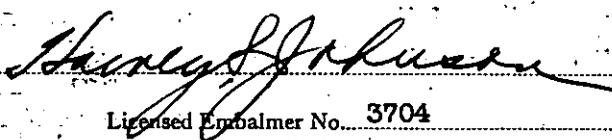
STATEMENT BY LICENSED EMBALMER

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. 3704

P. O. Address St. Louis, Missouri

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.