

No. 2
13-40
7-39
X23159

Registration District No. **274**

Primary Registration District No. **6261**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - Lewis township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA ANGELINE RAINES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race wh

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

6. (b) Name of husband or wife J. R. Raines

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 17 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 2

If less than one day _____ hr. _____ min.

9. Birthplace Tiptonville / Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Dave Evans

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

14. Maiden name Etta Thompson

15. Birthplace D.K. / Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Raines

(b) Address Lilbourn, Mo, Rt. 1

17. (a) burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden Mo

19. (a) 1/22/41 (b) E. E. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural
(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 Jan day 19
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 6
_____, 1941, to Jan 19, 1941;
that I last saw her alive on Jan 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration
Jan 4 to Jan 19

PHYSICIAN

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? _____

537
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. E. Jones (M. D. or other) 0

Address Lilbourn Mo Date signed 1-22-41

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

RECEIVED

District Health Officer No. 2,

District File Number 341-341

Date Recd 3/10/41

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.

not embalmed

Signed

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Piggott Ark.

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.