. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10644

FILED APR 21 1941

Registration District No. 309 Primary Registration District No. 5427 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town ~~Albany Rural~~ Athens Twmsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Albany, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vernon Dale Rainey
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. 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 August 14 1940 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	7	5	..... hr. ..... min.

9. Birthplace Albany, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Vernon Rainey
13. Birthplace Ford City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Violet Lee
15. Birthplace Gentry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Vernon Rainey
(b) Address Albany, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ford City Cemetery
18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany, Missouri
19. (a) Mar 21, 1941 (Date received local registrar) (b) W. T. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 11 1941 to Mar 19 1941 that I last saw him alive on Mar 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Whooping Cough
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) 0
Major findings:
Of operations .....
Of autopsy .....

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? 0
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature J. M. Barger (M. D. or other) D
Address Albany Mo Date signed 3-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.