

Registration District No. 190

Primary Registration District No. 4113

**1. PLACE OF DEATH:**  
(a) County Clark  
(b) City or town Rabota  
(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

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Clark  
(c) City or town Rabota  
(If outside city or town limit write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Oscar Franklin Painter  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Mrs. Cassius 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 6 - 1881  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 4 year 1941 hour 5 am minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 5-5-41 to 5-4- 1941  
that I last saw him alive on 5-4- 1941  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 60 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Farmers

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name Emmanuel B. Painter  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Katherine M. [unclear]  
15. Birthplace Ind. (City, town, or county) (State or foreign country)  
16. (a) Informant Mr. S. W. Cassius  
(b) Address Silver Hill  
17. (a) Buried (b) Date thereof May 6 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rabota  
18. (a) Signature of funeral director [unclear]  
(b) Address Rabota  
19. (a) 5/6-41 (b) J. R. [unclear]  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [unclear] (M. D. or other) 2  
Address Rabota Mo. Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1120

Date Filed JUN 13 1941

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.....

May 4 - 1941

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Otis L. Yutting

Licensed Embalmer No. 2965

P. O. Address Lacey 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.