

Registration District No. 668

Primary Registration District No. 3033

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1405 So. Osage /  
(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 Missouri (b) County Pettis 80  
 (c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1405 So. Osage 7  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oliver Perry Rainey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 29 - 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Retired  
 11. Industry or business R.R. Employee

12. Name Jacob Rainey  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha (Unknown)

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

16. (a) Informant Mrs. Leo Sullivan  
 (b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof June 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 6/17/41 (b) Mrs. Harry Sued  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
 year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-26  
 1940 to 6-14 1941;  
 that I last saw him alive on 6-13 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral thrombosis  
arteriosclerosis  
 Due to Chr. nephritis  
 Due to Chr. myocarditis

Duration

1 wk

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

23. Signature J.M. Rodeman (M. D. 0)  
(Specify type of place) (Means of injury)  
 Address Sedalia Mo Date signed 6-17-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
7-7-41  
Filed

**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 *L. E. Bouldin*

Licensed Embalmer No. 3867

P. O. Address Sedalia, Mo.

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

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