

FILLED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27753
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 41
 (b) Township Clark Primary Registration District No. 5262 Registered No. _____
 (c) City Wendenburg (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Laura Jane Racey
 (a) Residence, No. _____ City _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1866

7. AGE YEARS 75 MONTHS 3 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) July 1941 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Johnson Howell Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Margaret Catherine Skies
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue co. Illinois

17. INFORMANT (ADDRESS) Melvin Racey
Pittsburg Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry Kans DATE Aug 24 1941

19. FUNERAL DIRECTOR (ADDRESS) Berkey Funeral Service
Mulberry Kansas

20. FILED 8/25/41 1941 J. H. Spell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1941

22. I HEREBY CERTIFY, That I attended deceased from July 1941, to Aug 22nd, 1941
 I first saw him alive on Aug 21, 1941. Death is said to have occurred on the date stated above, at 3:30 P.M. in _____
 The principal cause of death and related causes of importance were as follows:
Empyema
Pneumonia
Emphysema
 Other contributory causes of importance: 33B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. W. Hamish M.D.
 (Address) Mulberry Kansas

Date of onset
July 19, 41
3 days
5 days

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkey, Licensed Embalmer No. 2336

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed J. M. Berkey
Licensed Embalmer No. 2336

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.)