

SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28481

State File No. _____

Registration District No. 397

Primary Registration District No. 4120

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(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) / (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1941 hour 4 minute 15 A M.
21. I hereby certify that I attended the deceased from Aug. 2nd
1941 to Aug. 5th 1941;
that I last saw her alive on Aug. 2nd 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Rebecca Ellen Raines

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William Raines 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Belcher
13. Birthplace Penna
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cavender
15. Birthplace Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Raines
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 8/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address W. V. White Ironton Mo.

19. (a) Aug-11-41 (b) Julia A. Ruston
(Date received local registrar) (Registrar's signature)

Immediate cause of death acute cardiac failure 8/4/41
Due to mitral Regurgitation and insufficiency number
Due to chronic myocarditis years
Other conditions Obesity
(Include pregnancy within 3 months of death) Chronic Arthritis
Major findings: none
Of operations _____
Of autopsy none 938

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. E. Harland M.D.
Address Ironton, Mo. Date signed 8/18/41

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

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 *Richard J. White*
Licensed Embalmer No. *3012*
P. O. Address *Smith's Lane*

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.