

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35056

Registration District No. 337

Primary Registration District No. 5492

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County HARRISON
(b) City or town RURAL UNION TWSP.
(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) 1

3. (a) PRINT FULL NAME CHARLES S. RANKIN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ wife ANNA 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 5 (Month) 6 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>10</u>	hr. _____ min.

9. Birthplace HARRISON Co., MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Trader

11. Industry or business live stock

12. Name SAM RANKIN

13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ARMSTRONG

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

16. (a) Informant Anna Rankin

(b) Address Eagleville, Mo.

17. (a) BURIAL (b) Date thereof 10/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC CEMETERY

18. (a) Signature of funeral director S. M. Hess

(b) Address Bethany, Mo.

19. (a) Oct-28-1941 (b) Allice Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 041
(c) City or town EAGLEVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy.

Due to age
Due to Exciting cause - strain

Other conditions 170
(Include pregnancy within 3 months of death)

Major findings: 170
Of operations n.o
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 10/16-41 - 930 AM 041
(c) Where did injury occur? Union Twp Harrison - Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Truck stuck in ditch while working to get out, and overexerted, prower
(e) Means of injury
23. Signature J. H. Beck (M.D. or other)
Address Ridgeway 2nd Date signed 10/17-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

907 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

M. B. Haas

Licensed Embalmer No.....

3899

P. O. Address.....

Bethany 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, fact should be so stated above.