

JAN 13 1942  
Registration District No. 37

Primary Registration District No. 5053

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County BARRY  
(b) City or town WASHBURN  
(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 Most all of life years, months or days)

3. (a) PRINT FULL NAME Deliah Jane Raines

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruben Raines 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 17th 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 22  
If less than one day hr. \_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Marshall

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

14. Maiden name Edith Patterson

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

16. (a) Informant Mrs. Clarence Farwell

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof Dec. 11 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) 12/11/41 (b) F. ...  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Washburn  
(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 Dec. day 9th  
year 1941 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from 2/9/41  
to 12/7/41, 1941  
that I last saw h. alive on 12/7  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic & unspecified Congestive failure of lungs  
Due to Arthritis & Hypertension  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 111C

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? 2

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

23. Signature W. M. ... (M.D. or other) W. M. ...  
Address Cassville Date signed 12/9/41

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

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RECEIVED

District Health Officer No. 6,

District File Number 142-93

Date Filed JAN 12 1942

**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.....

*E. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Passville, Miss

**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.**