

Registration District No. 2782

Primary Registration District No. 5526

Registrar's No. 17

1. PLACE OF DEATH: Howard.  
 (a) County.....  
 (b) City or town. "Rural" Richmond Twp  
 (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.....  
 In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cathinea Francis Railsback,  
 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 Widowed,  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
David Railsback, February 21 1855  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 0 19 hr. min.

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

10. Usual occupation At home,

11. Industry or business.....

MOTHER FATHER { 12. Name Cyrus Markland,  
 13. Birthplace Missouri, (City, town, or county) (State or foreign country)  
 14. Maiden name Eliza Morris,  
 15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Edd Railsback,

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 3-11th 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City ematary

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 3-16-42 (b) Thomas S. DeWitt  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Howard, 045  
 (c) City or town. Fayette  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. Fayette  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10  
 year 1942 hour 12:45 minute 9 M.

21. I hereby certify that I attended the deceased from 3-1-42  
 to 3-1-42, 1942, to 3-10, 1942;  
 that I last saw her alive on 3-10, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to.....  
 Due to..... 107

Other conditions Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration 4 days  
 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 W. Bloom (M. D. or other) Dr.  
 Address Fayette, Mo. Date signed 3-14-42

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

4500

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-14-42

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 Guy T. Haller  
Licensed Embalmer No. 2966  
P. O. Address Fayetteville, 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.