V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13768

Registration District No. 73 Primary Registration District No. 3006-5118 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1401 Grand 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 mo 15 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CLEMMA RAINES

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

4. Sex Fe 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ned R Raines
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July (Month) 10 (Day) 1879 (Year)

8. AGE: Years 62 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Ringold Co (City, town, or county) 10 Kla (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Irenious Millsap
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Mary Millsap
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Dora Wren
(b) Address Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 4-24-42 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1942 hour 12 minute 45 P M.
21. I hereby certify that I attended the deceased from Mar. 10 1942 to Apr. 24 1942
that I last saw him alive on Apr. 23 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	4 wks
Due to Pneumonia Bronchi	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? No (e) Means of injury 0
23. Signature W. P. Dyson (M. D. or other) M. D.
Address Columbia Mo Date signed 4-24-42

1250 (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 Fred Wilkinson

Licensed Embalmer No. 478

P. O. Address Clinton Ma

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.