

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23807**

Registration District No. **73**

Primary Registration District No. **3006-518**

Registrar's No. **149**

1. PLACE OF DEATH:

(a) County **Boone Rural**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **C**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Callaway**

(c) City or town **Fulton**
(If outside city or town limits, write "RURAL")

(d) Street No. **333 N.W. 8th**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ginnie Rawson**

3. (b) If veteran **World War No. I** name was **Rawson**

3. (c) Social Security **498-03-1905**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

4. Sex **Male**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alline**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) **1900** (Year)

that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Accidental Automobile Collision**

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy **none**

Duration _____

8. AGE: Years **42** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Fulton Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

1700-22

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Reverend Rawson**

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

14. Maiden name **D.K.**

15. Birthplace **D.K.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alline Rawson**

(b) Address **333 N.W. 8th Fulton Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 23-42** (Day) (Year)

(c) Place: burial **Ed. Ball**

18. (a) Signature of funeral director **Ed. Ball**

(b) Address **Fulton, Mo**

19. (a) **7-22-1942** (Date received local registrar) (b) **Edna H. Barber** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **7-21-42**

(c) Where did injury occur? **6 or 8 mi. E. on High 40** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **no** (Specify type of place) (e) Means of injury **car**

23. Signature **Tharin Madon** (Mr/Mother)
Address **Callaway Mo** Date signed **7/22/42**

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

MOTHER FATHER

1250 (Licensed Embalmer's Statement on Reverse Side)

8688

AUG 1 0 1942

FEB 1 1945

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 Eli Bell

Licensed Embalmer No. 2/30

P. O. Address Sulton, 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.