

S. No. 2
4-1-4-41
7. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27904

State File No.

Registrar's No. 295

Registration District No. 274

Primary Registration District No. 3052

80
6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Milner Hotel
(d) Length of stay: In hospital or institution 2 years
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. Milner Hotel
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Richard Oline Raines
(b) If veteran, name war -
(c) Social Security No. 495-01-7467

20. DATE OF DEATH: Month Aug day 22 year 1942 hour found body of minute - M.
21. I hereby certify that I attended the deceased from Aug 22, 1942 to -, 19-
that I last saw him alive on -, 19-
and that death occurred on the date and hour stated above.

4. Sex male Color or race white
5. (a) Single, widowed, married, divorced, Divorced
(b) Name of husband or wife -
(c) Age of husband or wife if alive 21 years (Day) 1900 (Year)

Immediate cause of death Found dead in bed Evidently due to Coronary Occlusion
Due to.....
Due to.....

8. AGE: Years 42 Months 2 Days 1 If less than one day hr. min.

Other conditions 94a
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

9. Birthplace Grun Ridge Mo
10. Usual occupation Produce Dealer

MOTHER FATHER { 11. Industry or business -
12. Name Andrew J Raines
13. Birthplace Sullivan Indiana
14. Maiden name Jeanne Kyd
15. Birthplace Grun Ridge Mo

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

16. (a) Informant Harold J Raines
(b) Address Grun Ridge Mo
17. (a) Burial (b) Date thereof 8 24 1942
(c) Place: burial or cremation Grun Ridge
18. (a) Signature of funeral director M. Laughlin Bros
(b) Address Sedalia Mo
19. (a) 8/22/42 (b) Mrs Anne Berger

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? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
While at work? ✓ (Specify type of place) (g) Means of injury ✓
23. Signature W. J. Bishop coroner
Address Sedalia Date signed 8-22-42

AUG 31 1942

Harold J.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-27-42

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 Robert T. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.