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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33273

State File No.

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 958

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 3, St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Hall Rainey

3. (b) If veteran, name war None
3. (c) Social Security No. 433-22-5028

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

6. (b) Name of husband or wife Loretta Rainey 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 28th 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe Salesman

11. Industry or business Retail Shoe Store

MOTHER FATHER

12. Name William Rainey

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

14. Maiden name Emaline Boley

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

16. (a) Informant Mrs. John H. Rainey

(b) Address Bell Road, R.F.D. # 3

17. (a) Burial (b) Date thereof 10/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ford City, Mo.

18. (a) Signature of funeral director W. B. Bloomer

(b) Address 319 So. 10th Street, Flint

19. (a) 10-9-42 (b) Rose Henjog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th.
year 1942 hour 1:00 minute 30p M.

21. I hereby certify that I attended the deceased from Sept. 29, 1941 to Oct. 7, 1942
that I last saw him alive on Oct. 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of duodenum Duration 6 mo.

Due to Hoe

Other conditions Arthritis - dex.
(Include pregnancy within 3 months of death) Anterior scleritis gen.

Major findings: Of operations none
Of autopsy none

Duration

5 yrs. 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?

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

23. Signature S. T. Bloomer (M. D. or other) M.D.
Address 1218 N. 3d St. Date signed 10/8/42

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 Oct. 7-1941

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph 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.