

FILED NOV 16 1942

Registration District No. 256-106

Primary Registration District No. 5404 5420

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Holscomb, Holscomb, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
0 Near Holscomb, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Holscomb, Holscomb, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Finis E. Raspberry

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Etta Raspberry 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 30 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming & Cotton gin

11. Industry or business _____

MOTHER FATHER { 12. Name Warren Raspberry
13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ingers
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Raspberry
(b) Address Holscomb Mo

17. (a) Burial (b) Date thereof Oct 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Landis

18. (a) Signature of funeral director _____

(b) Address Cambridge Mo

19. (a) 11-4-42 (b) Mrs Murt Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 19
am attended by a physician
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of the skull
Due to Quinco Tique, MO 882
or Stone Collision with
Due to the Car, he was driving
at a Rail Road Crossing
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
170a-8
23
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) Accident 035
(b) Date of occurrence Oct 10, 1942
(c) Where did injury occur? Holscomb, Dunklin MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rail Road Crossing on Farm
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature George F. Blanche DO (M. D. or other)
Address Coroner of Dunklin Co Date signed 10-10-42

1225

(Licensed Embalmer's Statement on Reverse Side)

1225

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

FEB 18 1948

RECEIVED

District Health Office No. 2,

District File Number 1142-1411

Date Filed 11-6-42

NOV 1 1956

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.