No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5741

Registration District No. 15 — Primary Registration District No. 5069 — Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Lamar Twp (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Lamar Twp (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: FRED FRANKLIN RAWLINGS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Lora Rawlings
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: Feb 19th, 1905 (Month) (Day) (Year)

8. AGE: Years 37 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Barton CO, MO. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

MOTHER FATHER
12. Name: Chester Rawlings
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Hattie Campbell
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Lora Rawlings
(b) Address: Lamar MO. R.F.D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakton Cemetery
18. (a) Signature of funeral director: River Funeral Home
(b) Address: Lamar, MO.
19. (a) 1-22-43 (Date received local registrar) (b) Martha Rice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21st day 1943
year ..... hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1943 to Jan 21, 1943 and that I last saw him alive on Jan 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Descending colon,
Due to: metastasis to cervical glands
Due to .....
Other conditions (Include pregnancy within 3 months of death): H69
Major findings: Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: C. E. Duckett (M.D. or other) MD
Address: Lamar Mo Date signed 1-22-43

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 2 3 2 - 199
Date Filed FEB 16 1943

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 R. W. Pierce

Licensed Embalmer No. 3141

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.