

FILED MAR 6 1944

Registration District No. 2074

Primary Registration District No. 3052

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County. PETTIS

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

(c) Name of hospital or institution: BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 WKS. (Specify whether)

In this community 51 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. PETTIS

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

(d) Street No. NELSON, MO RFD # 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME LOU O RAINES

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17  
year 1943 hour 10 minute - M.

21. I hereby certify that I attended the deceased from Jan 1-43  
Mar 17 1943 to Mar 17-43, 1943;  
that I last saw him alive on Mar 17-43, 1943;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of husband or wife. THAS. J. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. MAR. - 9 - 1879  
(Month) (Day) (Year)

Immediate cause of death. Pneumonia

8. AGE: Years Months Days If less than one day

63 11 8 hr. min.

Due to Lethargic Encephalitis

Due to .....

9. Birthplace. BATH-CO. KY.  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

Other conditions (include pregnancy within 3 months of death) .....

MOTHER FATHER

11. Industry or business .....

12. Name. JESSE KARRICK

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

14. Maiden name. CELIA THOMPSON  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations. 370

Of autopsy: .....

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

16. (a) Informant. THOMAS RAINES  
(b) Address. R. 7 D. NELSON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 2-19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation. LONGWOOD, MO.

18. (a) Signature of funeral director. SILLESPIE  
(b) Address. SEDALIA, MO.

19. (a) 2-19-43 (Date received local registrar) (b) Malvina Berger (Registrar's signature)

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) (f) Means of injury .....

23. Signature. J. G. Walker (M. D. or other) MD  
Address. Sedalia MO Date signed 2/19

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-4-43

**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 L. E. Boudreau

Licensed Embalmer No. 3867

P. O. Address Seaside, Me.

**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.**