

FILED APR 14 1943
Registration District No. 179

Primary Registration District No. 4287

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

EARL RANEY

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-07-4294

4. Sex MALE
5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUBY TAYLOR RANEY

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 22 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation BOOKKEEPER & CASHIER

11. Industry or business MERCANTILE Co.

MOTHER FATHER

12. Name JAY ZEE RANEY

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

14. Maiden name ESTHER M. CANNON

15. Birthplace HAWK POINT MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. M. Raney

(b) Address Troy, Mo.

17. (a) BURIAL (b) Date thereof MAR 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, MISSOURI

18. (a) Signature of funeral director Member Funeral Home

(b) Address Troy, Mo.

19. (a) Mar. 30 43 Mrs. J. M. Raney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28
year 1943 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis - Bowel (sigmoid)

Duration

3 years

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

15

Major findings: Of operations _____

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) (c) Means of injury _____

23. Signature J. M. Raney (M. D. or other)
Address Troy, Mo. Date signed 3/29/43

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

59
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NOV 26 1945

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.....

Joseph J. Marsh
.....
Licensed Embalmer No. 3932
.....
P. O. Address Avoy Missami
.....

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.