

FD JUN 4 1943 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4718

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John Lewis Raney

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased: OCTOBER 10 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 7 10 hr. min.

9. Birthplace: LINCOLN CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

MOTHER, FATHER

12. Name GRANVILLE RANEY

13. Birthplace LINCOLN CO. MO.
(City, town, or county) (State or foreign country)

14. Maiden name BURELHA WELLS

15. Birthplace LINCOLN CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Granville Raney

(b) Address Elsterny Mo.

17. (a) Reinterred (b) Date thereof May 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem Elsterny Mo.

18. (a) Signature of funeral director W. D. Bradley

(b) Address Elsterny Mo.

19. (a) MAY 21 1943 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20
year 1943 hour 11:05 minute P M.

21. I hereby certify that I attended the deceased from 4
19 1943 to 5-20 1943
that I last saw him alive on 5-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure

Due to Congenital heart disease

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 M. C. Abney (M. D. _____)
Address BARNES HOSPITAL Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *William J. Hearn*

Licensed Embalmer No. *4319*

P. O. Address *St Louis 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.