S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

Registration District No. 135

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3127

State File No. 181142

Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 118 South Hall /
(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: 53 years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State: Missouri (b) County: Jasper 6

(c) City or town: Webb City 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 118 South Hall
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: no 0

3. (a) PRINT FULL NAME: John Rafferty

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

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

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Marrued

6. (b) Name of husband or wife: Nicia Rafferty

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

7. Birth date of deceased: September (Month) 27 (Day), 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
77	7	4	hr. ..... min.

9. Birthplace: Fidelity Springs, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired Mill man

11. Industry or business: .....

FATHER
12. Name: no data
13. Birthplace: no data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: no data
15. Birthplace: no data (City, town, or county) 9 (State or foreign country)

16. (a) Informant: widow; Nicia Rafferty

(b) Address: Webb City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/ 3/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Webb City Cemetery

18. (a) Signature of funeral director: Nelson

(b) Address: Webb City, Missouri

19. (a) 5/3/43 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from March 30, 1943, to May 1, 1943, that I last saw him alive on May 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: .....

Due to: .....

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

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: O. T. Gregory (M. D. or other) 100

Address: Webb City, Mo. Date signed: 5/7/43

43-6448

Foregoing

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.....

Licensed Embalmer No.....

P. O. Address.....

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.