No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24800

State File No.

FILED AUG 7 1943

Registration District No. 24/910 Primary Registration District No. 5338 5349 Registrar's No. 61

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Japer (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
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas 30 0 0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margret S. Rains
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Isaac Rains
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1849 (Year)

8. AGE: Years 93 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Dallas Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name Jim Hoover
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Ellen Tibbs
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Irene Bond
(b) Address Buffalo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Macadonia Cem.
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.
19. (a) 5/22/43 (Date received local registrar) (b) Helen Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1943 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to 5-15 1943
that I last saw her alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis — Duration years
Due to Age 97
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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 G. C. Plummer (M. D. or other) M.D.
Address Buffalo Mo Date signed 5-20-43

1649

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1943

RECEIVED
District Health Officer No. 7,
District File Number 7-43-746
Date Filed 8-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.