

No. 2
4-13-40
-17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29162
Registrar's No. _____

Registration District No. 300

Primary Registration District No. 4449

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

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town ELWINGTON
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JAMES ALLISON RAINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Dec 17 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 26 hr. min.

9. Birthplace Iron Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business
12. Name JAMES M. RAINS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES Noely STELLER
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant ROBERT RAINS
(b) Address ELWINGTON Mo
17. (a) BURIAL (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Redford Mo.

18. (a) Signature of funeral director Phil A. Tanchel
(b) Address Elwington Mo

19. (a) Aug. 24 1949 (b) Essie Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 90
(a) State Mo (b) County REYNOLDS
(c) City or town ELWINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 14
year 1949 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 8
_____, 1949, to July 14, 1949
that I last saw him alive on July 14, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Regurgitation Duration 3 years
Due to 92a
Due to _____
Other conditions General dropax 3 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature A. F. Burg (M. D. or other) 0
Address Elwington Mo Date signed 7-12-49

1186

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,
District File Number 943560
Date Filed 9-11-43

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 7-13-

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed.....

Philip A. Leuchter

Licensed Embalmer No.

2936

P. O. Address.....

Van Buren St.

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.