

FILED FEB 3 1944

239

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4029 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4029 Harrison
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

Thomas M. Rainey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verdae Rainey 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 22 1882
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Insurance

12. Name Thomas C. Rainey

13. Birthplace Tennessee (State or foreign country)

14. Maiden name (Margaret) Chapman

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verdae Rainey

(b) Address 4029 Harrison, Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-16-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1944 hour 3:30 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from July 1942 to Jan. 15 1944 that I last saw him alive on Jan. 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland Duration 1 year.

Due to _____
Due to slv

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) None

(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) Means of injury _____

23. Signature Raymond G. Davis (M. D. or other) M.D.

Address 201 Plaza, The City Plaza Date signed 1-15-44

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

MOTHER FATHER

Dr. Kenneth Davis

Blaza Blady

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.