

FILED FEB 16 1944
Registration District No. **224**

Primary Registration District No. **3072**

Registrar's No. **16**

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
623 North English
(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 All her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline **97**
 (c) City or town Marshall **1**
(If outside city or town limits, write "RURAL") **2**
 (d) Street No. 623 North English
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME Lucy Belle Raines
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 10 year 1944 hour 10 minute _____ M.
 21. I hereby certify that I attended the deceased from 2 weeks **1944**
Inquest Jan 16 1944 19 _____
 that I last saw him alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James P. Raines
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased: June 9th, 1868
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 7 7 hr. _____ min.

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation House keeper

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
FATHER { 12. Name James Dewitt Pritchard
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Dont Know
 15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Raines
 (b) Address 902 South Ellsworth, Marshall
 17. (a) Burial (b) Date thereof Jan. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ridge Park Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 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?

18. (a) Signature of funeral director Campbell Raines
 (b) Address Marshall, Mo.
 19. (a) Jan 21-44 (b) Maio
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury Saline Co.
 23. Signature P. P. Rawles (M. D. or other) _____
 Address Marshall Mo Date signed 1-16-44

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

FEB 16 1944

RECEIVED

District Health Officer No. 2

District File Number

Date Filed

2-9-44

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

W. L. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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.