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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

Registration District No. 139

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3127

State File No. 11263

Registrar's No. 25

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: 421 North Penn
(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: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City
(If outside city or town limits, write "RURAL")
(d) Street No.: 421 North Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Mrs. Minnie Belle Raymond
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Claude W. Raymond
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: July (Month) 19 (Day), 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
68	7	20	____ hr. ____ min.

9. Birthplace: no data (City, town, or county) Texas (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER
12. Name: J. A. Sutton
13. Birthplace: no data (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name: Mary F. Randolph
15. Birthplace: Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Hus. C. W. Raymond
(b) Address: Webb City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Fredy Nelson
(b) Address: Webb City, Missouri
19. (a) Mar. 11, 1944 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from 2-17, 1944, to 3-9, 1944; that I last saw her alive on 3-9-44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to:	
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Nature of injury?
23. Signature: [illegible] (M. D.)
Address: [illegible] Date signed 3-11-44

(Licensed Embalmer's Statement on Reverse Side)

44-8-313

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 C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.