

0-2
5-43
7-39
X36671

FILED JUN 8 1944
Registration District No. 1049

Primary Registration District No. 3000

State File No. _____

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville

(c) Name of hospital or institution G. S. O. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether _____)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME John Howard Raby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 3rd 1938
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Harry B. Raby

13. Birthplace Macon - Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Green

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

16. (a) Informant Harry B. Raby

(b) Address Shelburna Mo

17. (a) Burial (b) Date thereof 5-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburna Mo

18. (a) Signature of funeral director William D. Barkley

(b) Address Shelburna Mo

19. (a) 5/12/44 (b) M. J. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Shelburna
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 9 minute 43 P. M.

21. I hereby certify that I attended the deceased from 4-25, 1944 to 5-11, 1944
that I last saw him alive on 5-11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to undetermined origin
(Examination of spinal fluid disclosed small "cocci" which were not the meningococci)

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

Major findings: Increased spinal fluid pressure

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)

(c) Means of injury 1

23. Signature Carl Lugglein (M. D. or other) D.O.

Address Kirksville Mo Date signed 5-12-44

1049

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

RECEIVED
District Health Officer No. 10
District File Number 6-44-105
Date Filed JUN 7 1944

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 Henry G. Sarcelles
Licensed Embalmer No. 3835
P. O. Address Shelburne, Vt.

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.