

FILED JUL 13 1944

Registration District No. 137

Primary Registration District No. 5505

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Blair Henry

(b) City or town Rural, Blairstown, Bogard Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile East of Blairstown
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX / (Specify whether years, months or days)

In this community six weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Magnolia, Missouri.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX /

3. (a) PRINT FULL NAME JOSEPH CLAY RAKER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mrs. J. C. Raker 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased July 8, 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 0 If less than one day hr. _____ min.

9. Birthplace Winchester Clark County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Same

12. Name Jacob Francis Raker

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Haggard

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

16. (a) Informant Mr. Joe Raker,

(b) Address Magnolia, Missouri.

17. (a) Burial (b) Date thereof June 10 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery,

18. (a) Signature of funeral director Canada and Ropp

(b) Address Holden, Missouri.

19. (a) June 15, 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 1:45 minute AM M.

21. I hereby certify that I attended the deceased from March 15, 1944, to June 8, 1944.
that I last saw him alive on June 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Sen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938

Of autopsy _____

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 Kelly Raulin (M. D. or other)

Address Holden, Mo Date signed 6/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

1067

(Licensed Embalmer's Statement on Reverse Side)

Office No: 7
6-4-820
Date Filed 7-12-44

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 *M. J. Canaday*
Licensed Embalmer No. *3434*
P. O. Address *Holden, 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.