

No. 2  
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5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 6 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30623**  
Registrar's No. **324**

Registration District No. **47** Primary Registration District No. **5763**

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

1. PLACE OF DEATH:  
(a) County **Callaway**  
(b) City or town **Cotesansdessein Miss**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1 1/2 miles north Tebbetts Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **Life** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **John Rankin**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Black** 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 **6 10 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 3 19** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Not known**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Not known**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Linnie Baul**  
(b) Address **Tebbetts, Missouri**

17. (a) **Burial** (b) Date thereof **10/1/1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakley Chappel**

18. (a) Signature of funeral director **Ray A. Holt**  
(b) Address **NewBlomfield, Missouri.**

19. (a) **10-1-1944** (b) **Josie Morouck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Callaway** **14**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **1 1/2 miles north Tebbetts, Mo.** (If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **29**  
year **1944** hour **5** minute **A.M.**  
21. I hereby certify that I attended the deceased from **July 14**  
**1943** to **Sept 29** **1944**  
that I last saw him alive on **Sept 25** **1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myo-Carditis** Duration **1 yr.**  
Due to **Chronic nephritis** **2 yrs.**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **1318**  
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) (e) Means of injury \_\_\_\_\_  
23. Signature **W H Williamson** (M. D. or other) **MD**  
Address **Mokane, Mo.** Date signed **10-1-44**

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 10-5-44.....

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 Ray A. Holt.....

Licensed Embalmer No. 2605.....

P. O. Address New Bloomfield, 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.