

FILED DEC 19 1944
Registration District No. 5071

Primary Registration District No. 5071

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Nashville
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution 1
In this community Forty Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Nashville
(d) Street No.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1944 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 1943 to Nov. 5, 1944
that I last saw him alive on Nov. 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Duration unknown
PHYSICIAN W.O. Coleman M.D.
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Franklin Raisner
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Edith Raisner 6. (c) Age of husband or wife if alive 88
7. Birth date of deceased 7 29 1865

8. AGE: Years 79 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Henry County Ill

10. Usual occupation Farming (retired)

11. Industry or business

MOTHER FATHER { 12. Name John Raisner
13. Birthplace Germany
14. Maiden name UNKNOWN
15. Birthplace Germany

16. (a) Informant Edith Raisner

(b) Address Nashville, Missouri

17. (a) Burial (b) Date thereof 11 8 '44

(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Roney Funeral Service

(b) Address Carl Junction, Missouri

19. (a) 11-8-44 (b) Martha River

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

23. Signature Lamar (M. D. or other)

Address Lamar Date signed 11/8/44

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

RECEIVED

District Health Officer No. 6,

District File Number 1244-1334

Date Filed DEC 12 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.