V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40321

FILED JAN 11 1945

Registration District No. 1459

Primary Registration District No. 1002

Registrar's No. 5353

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3621 Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 35 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 3430 Morrell Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Homer Thomas Raney

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-4261

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Dottie Raney

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May (Month) 21 (Day) 1883 (Year)

8. AGE: Years 61 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Loogootee (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John A. Raney
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Johnson
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Mary Dottie Raney
(b) Address 3430 Morrell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 12-30-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 28
year 1944 hour 4 20 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary-sclerosis | |
| Due to arterio-sclerosis | |
| Due to 94a | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations History & Inspection
Of autopsy not

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) Means of injury

23. Signature James C. Walker 2 (M. D. ~~or other~~) Coroner
Address 1424 Profess Bldg Date signed 12-29-44

(Licensed Embalmer's Statement on Reverse Side)

## 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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K C 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.**