

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **#3 166**

1. PLACE OF DEATH:

(a) County **Audrain**
 (b) City or town **Mexico**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
622 Webster St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain**
 (c) City or town **Mexico**
 (If outside city or town limits, write "RURAL"),
 (d) Street No. **622 Webster St.**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13**
 year **1944** hour **1** minute _____ A.M.
 21. I hereby certify that I attended the deceased from **1944**
 _____, 19____, to **12/13**, 19**44**
 that I last saw him alive on **12/13**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Buerger Disease
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **940**
 Of operations _____
 Of autopsy **no**

PHYSICIAN

 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Thomas Rainey

3. (b) If veteran, name war _____

3. (c) Social Security No. **491-05-5524**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Thomas Rainey** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 10 1872**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **3** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired shoe worker**

11. Industry or business **International Shoe Co**

MOTHER FATHER { 12. Name **William Rainey**
 13. Birthplace **DK** (City, town, or county) _____ (State or foreign country)
 14. Maiden name **Bryant**
 15. Birthplace **DK** (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Mrs. Thomas Rainey**

(b) Address **Mexico Mo**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Dec 15 44**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chas. Harold J.**

(b) Address **Mexico Mo**

19. (a) **12/14/44** (Date received local registrar) (b) **Margaret H. Machie** (Registrar's signature)

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 **2**

23. Signature **H. Barrell** (M.D. or other) **100**
 Address **Mexico Mo** Date signed **12/14/44**

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

NOV 5 1949

SEP 6 1945

RECEIVED

District Health Officer No. 10

District File Number 1-45-165

Date Filed JAN 12 1945

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.