

FILED JAN 19 1944

Registration District No. 316

Primary Registration District No. 3059

State File No. _____

Registrar's No. 248

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution Booneville Hospital
(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 Missouri (b) County Jefferson

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME MARTHA JANE RAWSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 2nd year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-23-1944 to Dec-2-1944
that I last saw her alive on Dec-2-1944 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Thomas Rawson

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

7. Birth date of deceased April 22 1888
(Month) (Day) (Year)

Immediate cause of death Heart failure due to Coronary Arteriosclerosis - Broncho

Other conditions Diabetes Mellitus Chronic Cholecystitis

8. AGE: Years Months Days If less than one day

56 7 10 hr. 1 min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William John

13. Birthplace Jefferson Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Baschel Nepp

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

16. (a) Informant Thomas Rawson

(b) Address W. 2nd RT. Missouri

17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Primrose

18. (a) Signature of funeral director Benham Undert Co.

(b) Address 313 Benham Booneville Mo

19. (a) 12-16-44 (b) James H. Hines
(Date received local registrar) (Registrar's signature)

Due to _____

Other conditions Diabetes Mellitus Chronic Cholecystitis

Major findings: _____

Of operations _____

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 Jeffery M. D.
Address Booneville, Mo Date signed 12-9-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 145-135

Date Filed 1-16-45

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 *Eleanora Province*

Licensed Embalmer No. 3403

P. O. Address *Lebanon 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.

Registration District No. 316

Primary Registration District No. 8059

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Booneville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) (Specify whether

3. (a) PRINT FULL NAME Martha J. Rawson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Booneville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 22 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

3257