S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6216

Registration District No. 136 Primary Registration District No. 5500 Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural Union twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Rural 41
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nettie Rains
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Wm Rains
6. (c) Age of husband ~~or wife if~~ alive 76 years
7. Birth date of deceased Oct (Month) 21 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	9	hr. min.

9. Birthplace Harrison (City, town, or county) Co Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Sweeten
13. Birthplace (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Serena Kettle
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Rube Dorrel
(b) Address Martinsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Masonic Cemetery Eglantine Mo
18. (a) Signature of funeral director Joe E Wheeler
(b) Address Bethany Mo
19. (a) 2-5-45 (Date received local registrar) (b) Chas. Adair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from , 19 , to Jan. 29, 1945 that I last saw her alive on Jan. 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death DIABETES Mellitus	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetic Gonguene	
Major findings: Of operations Diabetic Coma	
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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature [illegible] (M. D. or other) D.O.
Address Bagleville Mo Date signed 2-5-45

1122 (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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.