

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 10 1945

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
2630 Byers Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **56 years.**

3. (a) PRINT FULL NAME **Fred Raker.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. _____

4. Sex **male** **5. Color or race** **white**

6. (a) Single, widowed, married, **divorced** **single**

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

7. Birth date of deceased **Dec. 3, 1888**
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Galena Kansas.**
(City, town, or county) (State or foreign country)

10. Usual occupation **lead and Zinc Miner.**

11. Industry or business _____

MOTHER FATHER

12. Name **William Raker**

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

14. Maiden name **Lizzie Love.**
(State or foreign country)

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

16. (a) Informant **Charles Belliker**

(b) Address **2807 Holmes, Kansas City Mo.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **2-20-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Missouri**

19. (a) **2-18-45** **(b)** **Gettysburg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **9**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **2630 Byers Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb. 17,** day **1945**
year _____ hour **12-10 P.M.** 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 **Cardiac Failure**

Due to **Hypertensive Pneumonia**

Due to **24 3/4 degree burns**
fell on stove (accidental)

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

Major findings:

Of operations _____

Of autopsy **No**

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) **Accident**

(b) Date of occurrence **Jan 24 - 1945**

(c) Where did injury occur? **Joplin Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - fell on stove

While at work **no** (Specify type of place) **(e) Means of injury** **Burn**

23. Signature **W. W. Hurlbut** **(M. D. or other)** **do**

Address **511 1/2 Joplin** **Date signed** **2/18/45**

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

9
2
5

1945

45-2-152

APR 5 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

Donald S. Blue

Registered Apprentice No. *377*

working under my personal supervision.

Signed

Ray K. Hurd

Licensed Embalmer No. *959*

P. O. Address *Doplin Miss*

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.