7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1945

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 27418

Registrar's No. 636

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 da (Specify whether years, months or days)

In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dade

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

(d) Street No.: Rural Route # 2 (If rural, give location)

(e) Citizen of foreign country? (Yes or No): /

If yes, name country:

3. (a) PRINT FULL NAME: Jo. Ann Rains

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: April (Month) 17, (Day) 1933 (Year)

8. AGE: Years 12 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation: Student

11. Industry or business:

FATHER 12. Name: Emmett Rains

FATHER 13. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Edna Mc. Gee

MOTHER 15. Birthplace: Wilburton Okla. (City, town, or county) (State or foreign country)

16. (a) Informant: Emmett Rains

(b) Address: Stockton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Alder Cem

18. (a) Signature of funeral director: H. H. Lohmeyer

(b) Address: Springfield Mo.

19. (a) 8-16-45 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1945 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 11, 1945 to Aug 14, 1945 that I last saw her alive on Aug 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured Pelvis (Multiple)	
Due to: Traumatic Peritonitis	
Due to: Runover By Truck Non-Collision	
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): Accident

(b) Date of occurrence: Aug. 12 - 1945

(c) Where did injury occur? Rural Stockton (City or town) Dade (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON FARM (Specify type of place)

While at work? No (b) Means of injury: Fell off of wagon Dead end Road Truck

23. Signature: Phillip Smith (M. D. or other) MD

Address: Springfield Mo Date signed: 8-14-45

(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 L Doolin Ferma

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.