

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **4850**

Registration District No. **52**

Primary Registration District No. **3009**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Mo. 2
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rachel Gaille Ranney

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

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

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

7. Birth date of deceased December 29 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation house work

11. Industry or business _____

12. Name Johnson, C. Ranney

13. Birthplace Cape Girardeau County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Horrell

15. Birthplace Cape Girardeau County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Ranney

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof: 2/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director M. Combs

(b) Address Jackson Mo.

19. (a) 2-23-46 (b) D. S. Tubro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21
year 1946 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from 10-24 1945 to 2-21 1946
that I last saw him alive on 2-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach
Due to D. Colicivirus melas
Due to Toxins, especially the liver
Other conditions Secondary carcinoma
(Include pregnancy within 3 months of death) Cardiac deficiency

Major findings: Of operations ✓
Of autopsy ✓

Duration _____
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) (c) Means of injury ✓

23. Signature W. H. M. Carter (M. D. or other) MD
Address West Union Mo. Date signed 3-7-46

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

3872

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District Health Officer No. 4
District File Number 346-1867
Date Filed 3-11-46

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 Thos. K. Allen
Licensed Embalmer No. 4050
P. O. Address Jackson

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.