

FILED MAR 18 10 AM STANDARD CERTIFICATE OF DEATH

State File No. 8789

Registration District No. 59

Primary Registration District No. 5228

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cass
(b) City or town East Peculiar Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles S.W. Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether years, months or days)

8. (a) PRINT FULL NAME John Rafferty

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Rafferty 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 12. 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Chesterfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Rafferty Ky. /

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

14. Maiden name Marah Risher

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

16. (a) Informant Mrs Mary Rafferty

(b) Address Burial Pleasant Hill, Missouri

17. (a) _____ (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptis Pleasant Hill

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Missouri

19. (a) Mary J. Jones (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 5 Miles S.W. Pleasant Hill
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1946 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 1946 to only 1946
that I last saw him alive on March 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 da

Due to age & Debility

Due to _____

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

Major findings: Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 E. A. Albays (M. D. or other) M.D.

Address Pleasant Hill Mo Date signed 3-4-46

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

MAY 15 1946

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.....

By me 3-2-46....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Broussard*.....

Licensed Embalmer No. *3786*.....

P. O. Address *Pleasant Hill*.....

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, above space should be left blank.

Registration District No. 59 Primary Registration District No. 5228

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME

John Rafferty

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M

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. Aug 12
(Month) (Day) (Year)

8. AGE:

Years Months Days

If less than one day

83

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

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) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1947 hour 12 minute 12 M.

21. I hereby certify that I attended the deceased from 10 to 12, 1947; that I last saw him alive on 12, 1947; and that death occurred on the date and hour stated above. Immediate cause of death Bronchial Pneumonia

Duration

7 yrs

Due to

Due to

Other conditions. (Include pregnancy within 8 months of death)

Major findings: Of operations

Of autopsy 107

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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) Means of injury

23. Signature E. A. Albers (M. D. or other) M.D.

Address Pleasant Hill MO Date signed 3-25-46

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

7718

SUPPLEMENTARY

8789

MAY 15 1945