

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: 9 days
(Specify whether
In this community: All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 203 N. Lynn St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1939
1946 to Mar. 1 1946
that I last saw h. in alive on March 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation, acute
Duration: 1 wk.

Due to Chronic myocarditis 7 yrs

Other conditions: none
(Include pregnancy within 5 months of death)

Major findings: none
Of operations: none
Of autopsy: none
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: Mr. J. Shaw (M. D. or other) M.D.
Address: Fayette, Mo. Date signed: 3-4-46

3. (a) PRINT FULL NAME Cornelia Settles Rawlins

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 Widowed

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

7. Birth date of deceased: May 24, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 7
If less than one day: _____ hr. _____ min.

9. Birthplace: Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: At Home

12. Name: Montgomery Comdore Settles

13. Birthplace: Howard Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Frances Shields

15. Birthplace: Howard Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Monte Rawlins

(b) Address: Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/3/46
(Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Ralph A. Carr

(b) Address: Fayette, Missouri

19. (a) 3-8-1946 (Date received local registrar) (b) Dorothy Fern Sahin (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-10-46

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.....

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.