S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9874

Registration District No. 157 Primary Registration District No. 575787 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
8 mile south west of Jasper Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 52 yrs. 6 mo. 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8 mile south west Jasper 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Raymond Arthur Post

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased Aug. (Month) 26th. (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	29	hr. min.

9. Birthplace Jasper Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

FATHER
12. Name C. A. Post
13. Birthplace Allen Co. (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Cora Bowman
15. Birthplace Columbia Co. (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Vernon Post
(b) Address Carthage Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper, Mo.

19. (a) 3-30-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1946 hour 4 p m minute ..... M.

21. I hereby certify that I attended the deceased from Febr. the first 1946, to March 25 1946 that I last saw him alive on March 23 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary attack	
Due to Dropsy & Cardiac failure	12 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94	

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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature D. Guldner (M. D. ~~or other~~)

Address Lamar Mo. Date signed 3 26 46

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(Licensed Embalmer's Statement on Reverse Side)

46-3-232

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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, 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.