S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12527

Registration District No. 39 Primary Registration District No. 4097 Registrar's No. 56

1. PLACE OF DEATH

(a) County Cass

(b) City or town Harrisonville, (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 years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Harrisonville, Mo. / (If outside city or town limits write "RURAL")

(d) Street No. 902 South Independence. 0 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME James Wilse Rains

3. (b) If veteran, name war ____

3. (c) Social Security No. 497-12-5097

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Josie Evelyn Rains

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. 12. 1869 (Month) (Day) (Year)

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

9. Birthplace Waverly (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Grocery clerk

11. Industry or business ____

FATHER
12. Name Henry Rains
13. Birthplace Rainsburow (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Charlotte Ann Goodwin
15. Birthplace Cooper Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elmer Rains
(b) Address Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Cemetery

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Missouri.

19. (a) 4-24-46 (Date received local registrar) (b) Paul J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 21 year 46 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 1945 to Apr. 21 1946 that I last saw him alive on Apr. 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tonsil metastatic to glands in neck

Due to + Pain

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

Duration

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 ____

23. Signature F. V. Murray M.D. (M. D. or other)
Address Pleasant Hill, Mo. Date signed 4-22-46

51 (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~~ Allen Brownfield 4-21-46 Registered Apprentice No. _____, working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3786

P. O. Address Pleasant Hill - 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, above space should be left blank.