

FILED MAY 9 1946

State File No. _____

Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 29

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gideon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hopkins Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Gideon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Donald Boyd Rainey

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 27 1941
(Month) (Day) (Year)

8. AGE: Years 4 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Noah Rainey
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sara Brinker
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Russell

(b) Address Malden, Mo. R 1

17. (a) Burial (b) Date thereof 4-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Gilead

18. (a) Signature of funeral director Lendree Funeral Home

(b) Address Campbell, Missouri

19. (a) April 8, 1946 (b) Mrs. Byron Sharp
(If to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1946 hour _____ minute 10:00 AM

21. I hereby certify that I attended the deceased from 4-3-46 19 _____ to 4-2-46 19 _____
that I last saw him alive on 4-3-46 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death: CONCUSSION - Brain
BASAL SKULL FRACTURE Duration 12 hr.

Due to _____

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) Accident - Auto

(b) Date of occurrence 4-2-46 72

(c) Where did injury occur? Gideon (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on street

(Specify type of place) While at work? (e) Means of injury Auto

23. Signature F. G. Hopkins, M.D. (M. D. or other)

Address Gideon, Mo. Date signed 4-6-46

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

RECEIVED

District Health Office No. 2,

District File Number 546-569

Date Filed 5-7-46

SEP 12 1946

SEP 11 1946

12 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.

Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 29

1. PLACE OF DEATH:

(a) County new Madrid
(b) City or town Paducah
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(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 Donald B Rainey

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 S

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

7. Birth date of deceased Apr 27 (Month) (Day) (Year)

8. AGE: Years 7 Months 11 Days _____ (If less than one day, hr. _____ min. _____)

9. Birthplace La. (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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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 _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 2-1946

(c) Where did injury occur? Paducah Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? near home in City of Paducah

While at work? _____ (e) Means of injury was struck by an auto mobile

23. Signature G. J. Hoptner (M. D. or other) _____ Date signed 5-11-46

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

1285

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline the cause to which death should be charged statistically.

SEP 11 1946

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