

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

20466

State File No. _____

FILED JUN 20 1946

Registrar's No. 2468

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution. 1 day
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Oswatimie
(d) Street No. 109 E. Mill St.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Infant Raymer

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased June 3, 1946

8. AGE: Years _____ Months 1 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Kansas City (City, town, or county) no (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name nealy Raymer

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

14. Maiden name Letha Wiseman

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

16. (a) Informant Mr Nealy Raymer

(b) Address Oswatimie Kansas

17. (a) Removal (b) Date thereof 6/21/46

(c) Place: burial or cremation Oswatimie Kansas

18. (c) Signature of funeral director Richard Paul Home

(b) Address Oswatimie Kans

19. (a) 6-4-46 (b) Gertrude Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1:35 PM 3 JUNE 1946 to 6:45 PM June 3, 1946 that I last saw h.f.m. alive on 3 June 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis due to Ischaemic Atherosclerosis

Due to Arteriosclerosis & Ischaemic

Due to Myocardial Infarction

Other conditions _____

Major findings: Of operations 159

Of autopsy Absent

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)

23. Signature Gertrude Holmes (M. D. or other) _____

Address St. Joseph Hospital Date signed June 4, 1946

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

MOTHER FATHER

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.....

NOT embalmed only by external wrapping, Registered Apprentice No.....
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *1415*

P. O. Address..... *[Signature]*

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.