. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20839

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: Gibson Hospital 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina 1
(If outside city or town limits write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Cleveland Raymer

3. (b) If veteran, name war ____

3. (c) Social Security No. 486-14-5024

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife MaudeCheatum Raymer

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. - 16 - 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Liberty (City, town, or county) Missouri. (State or foreign country) 1

10. Usual occupation General Laborer

11. Industry or business ____

FATHER
12. Name George Raymer
13. Birthplace uk (City, town, or county) uk (State or foreign country) 0

MOTHER
14. Maiden name Haley Fightmaster. 1
15. Birthplace uk (City, town, or county) uk (State or foreign country) 0

16. (a) Informant Mrs. Virgil Pyles 1
(b) Address Edina, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June-23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Linville, Edina Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) June-23-46 (Date received local registrar) (b) Nelle S. Hunsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 6 P.M. minute ____ M.

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

	Duration
Immediate cause of death: Internal injuries	1½ days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 175 e. 8	
Of autopsy 11	

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 52
(b) Date of occurrence June 20 - 1946
(c) Where did injury occur? (City or town) Knox (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In timber (Specify type of place)
While at work? yes (e) Means of injury Split fork of tree

23. Signature C C Gibson (M. D. or other) 2
Address Edina Mo. Date signed 6-22-46

151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1252
Date Filed JUL 3 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 .....
Licensed Embalmer No. 2415
P. O. Address Edina, 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.