

Registration District No. 02111946 Primary Registration District No. 3288

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Jefferson Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 Rock Cedar

(c) City or town Rural (If outside city or town limits, write "RURAL") 26

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

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Burl Glen Rains

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-24-6579

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1946 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 9-11-1946 to 9-29-1946 that I last saw him alive on 9-29-1946 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Aug. 5 1926  
(Month) (Day) (Year)

Immediate cause of death: Endocarditis Duration days

Due to Prostatic Abscess Wks.

8. AGE: Years Months Days If less than one day

20 1 24 hr. min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace: Cedar Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Cream Tester

11. Industry or business M. F. Asst.

12. Name Elmer Rains

13. Birthplace Cedar Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Cora E. Estes

15. Birthplace Cedar Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Rains

(b) Address Ben meyer mo

17. (a) Burial Date thereof Oct. 2-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allys Cemetery

18. (a) Signature of funeral director W. H. Pruitt

(b) Address Hamansville

19. (a) 10-5-46 (b) Geneva Harrison  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Wm. B. Richter M.D. (M.D. or other) 0

Address Stachton, Mo. Date signed 10-1-46

RECEIVED

District Health Officer No. 7,

District No. 9-46-1038

Date Filed 10-10-46

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. H. Rimm

Licensed Embalmer No. 4282

P. O. Address Humanville, W.

**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.