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FILED FEB 18 1947

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State File No. ....

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 11

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MIN. GROVE  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME W. M. RANEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

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 (Day) (Year)  
7. Birth date of deceased Oct. 5 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Douglas Co. - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Raney  
13. Birthplace Unk. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Blatter Shuler  
15. Birthplace Dear County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Raney  
(b) Address Wm. Grove, Mo.

17. (a) Burial (b) Date thereof 2-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Low Star Cemetery

18. (a) Signature of funeral director R.W. Barber  
(b) Address Wm. Grove Mo.

19. (a) 2-11-47 (b) A.B. Ames  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 11th  
(c) City or town Wm. Grove Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? ✓ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8  
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Probable cerebral hemorrhage  
Due to Thin man died suddenly and without medical aid  
Due to aid

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) \_\_\_\_\_  
(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 3

23. Signature George Stapp  
Address Wm. Grove Mo. Date signed 2/8/47

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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.....

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

working under my personal supervision.

Signed.....

*R. W. Barber*

Licensed Embalmer No.....

*3848*

P. O. Address.....

*My Home*

**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.**