

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1947
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State File No. 20202
Registrar's No. 791

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:
(a) County Buchanan Washington Twp.
(b) City or town Rural R75 St. Joe.
(c) Name of hospital or institution: Sparta Rd.
(d) Length of stay: In hospital or institution None
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph R75
(d) Street No. Sparta Rd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles Edwin Rayburn
(b) If veteran, name war No
(c) Social Security No. not stated

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1947 hour 5:00 minute P M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Grace Rayburn
7. Birth date of deceased Sept 6 1877

21. I hereby certify that I attended the deceased from 4-16-1947 to 6-26-1947
that I last saw him alive on 5-31-1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Disease, Atherosclerotic
Duration 2 months
Due to: Atherosclerosis General ?

8. AGE: Years 69 Months 9 Days 20
If less than one day hr. min.

9. Birthplace Point Pleasant W. Va.
10. Usual occupation Farmer

Other conditions: 932
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Michael Rayburn
13. Birthplace unknown
14. Maiden name Mary Wendon
15. Birthplace unknown
16. (a) Informant Mrs. Grace Rayburn
(b) Address Sparta Rd.

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

17. (a) Burial (b) Date thereof 6-26-47
(c) Place: burial or cremation Burial Mound City, Mo
18. (a) Signature of funeral director
(b) Address
19. (a) Date received local registrar (b) Registrar's signature

23. Signature N. C. Senne (M. D. or other)
Address 207 P.S. St. Joseph, Mo date signed 6-26-47

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

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 *W. H. Crawford*.....

15 Licensed Embalmer No. *1824*.....

P. O. Address *Mount City, 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, fact should be so stated above.