

No. 2
1947
23976

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23976

FILED AUG 4 1947

Registration District No. 43

Primary Registration District No. 4210

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Ridgeway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 yrs. (Specify whether years, months or days)
In this community 37 yrs.

3. (a) PRINT FULL NAME John Samuel Rankin
3. (b) If veteran, name war No
3. (c) Social Security No. 910

4. Sex ma 5. Color or race wo
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Rankin
6. (c) Age of husband or wife if alive 93 years
7. Birth date of deceased Oct. 20 - 1852
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 30
If less than one day hr. min.

9. Birthplace Joe Davis Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas C. Rankin

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Smith Clark

(b) Address Ridgeway mo

17. (a) Burial (b) Date thereof June 22 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill

18. (a) Signature of funeral director W. B. Saffers

(b) Address Ridgeway mo

19. (a) 6-22-47 (b) Lake Brewer
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Harrison
(c) City or town Ridgeway
(If outside city or town limits, write "RURAL")
(d) Street No. L
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 47 hour minute M.
21. I hereby certify that I attended the deceased from June 18
1947, to June 20, 1947
that I last saw him alive on June 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death old age & infirmities
Duration

Due to
Due to

Other conditions h P
(State any within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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) (e) Means of injury

23. Signature E. G. Harding (M.D. or other)

Address Bathory Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE ASPERMENT RECORD

7

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Robert R Boppers,*

Licensed Embalmer No. *3576.*

P. O. Address. *Ridgeway 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. aug
3
Registrar's No. 3

Registration District No. 135 Primary Registration District No. 4210

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Ridgeway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John S. Perkins
3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month Aug Day 12 Year 1947 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased oct 20
(Month) (Day) (Year)

Immediate cause of death.....
Duration.....
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years 94 Months 7 Days 2 If less than one day hr. min.
9. Birthplace.....
(City, town or county) (State or foreign country) va

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

10. Usual occupation.....
11. Industry or business.....
12. Name.....
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant.....
(b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director.....
(b) Address.....
19. (a) June 23, 1947 (b) L. C. Brewer
(Date received local registrar) (Registrar's signature)

23. Signature..... (M. D. or other)
Address..... Date signed.....

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

SUPPLEMENTARY

23976