S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

24338

State File No.

Registrar's No. 2982

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Kansas City T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 500 W. 15th 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLAUDE A. RAYNOR

3. (b) If veteran, name war No

3. (c) Social Security No. 500-03-3989

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 25, 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Blue Jacket Okla. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Pipefitting

FATHER
12. Name Lewis Raynor
13. Birthplace Springfield Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Walls
15. Birthplace ? Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.B. Hospital
(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 9-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C.K.

18. (a) Signature of funeral director Weifert Funeral Home
(b) Address K.C. Mo.

19. (a) 7-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1947 hour 3 minute 2008 M.

21. I hereby certify that I attended the deceased from 7-11, 1947, to 7-11, 1947
that I last saw him alive on 7-11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 13 b

Major findings:
Of operations

Of autopsy

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature D L Coffman (M. D. or other) md

Address Kansas City Mo. Date signed 7-11-47

(Licensed Embalmer's Statement on Reverse Side)

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.....Blaine E. Weibert

Licensed Embalmer No.....H278

P. O. Address.....K.C. 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.