S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38376

State File No.

FILED DEC 9 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5019

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: 3029 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3029 Euclid Avenue
(If rural, give location)

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

If yes, name country 10

3. (a) PRINT FULL NAME William H. RAINES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Amy Belle Raines

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April (Month) 18, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	10	hr. min.

9. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Optometrist (Retired)

11. Industry or business

FATHER
12. Name Wm. H. Raines
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Artie Missie Piere
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Amy Belle Raines
(b) Address 3029 Euclid Ave., K.C., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-24, 1947 to 11-26-1947
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cribral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 30

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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)

While at work? (e) Means of injury 0

23. Signature J. J. McGeehan (M. D. or other)

Address 2703 Brooklyn Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. McCalman
3903 Brooklyn.
Apt. between 10 & 12

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 Russell M France

Licensed Embalmer No. 4205

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.