S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 341

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6152a

Pa 43966

State File No.

Registrar's No. 104

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

1. PLACE OF DEATH:
(a) County Stodard Liberty
(b) City or town Dexter, Mo. R. 1.
(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 Missour (b) County Stoddard 1013
(c) City or town Dexter, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James F. Rayborn,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 7. 1891. (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 6 If less than one day hr. min.

9. Birthplace East Prarrie, Mo. 10 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name James Herny Rayborn 0
13. Birthplace East Prarrie, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha UNknown
15. Birthplace East Prarrie, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant W. F. Brown,
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 16 47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 12/19-47 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 21 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1947 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 10, 1947, to December 13, 1947; that I last saw him alive on December 10, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary embolus | 15 min |
| Due to: Coronary Hemborrhage | 1 year |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 94A
Of autopsy

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 2
23. Signature Dr. H. A. Poe (M. D. or other) DO
Address Dexter, Mo Date signed 12/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1630
Date Filed 12-29-47

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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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.**