S. No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44390

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Johns (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 50 Years years, months or days)

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

3. (a) PRINT FULL NAME Naomi Frances Rains
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband ~~or wife~~ Geo Raines
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May (Month) 28 (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Hopkinsville (City, town, or county) Ky (State or foreign country) 1
10. Usual occupation House wife
11. Industry or business at Home
FATHER
12. Name John W Page
13. Birthplace (City, town, or county) Ky (State or foreign country) 1
MOTHER
14. Maiden name Kethern Page
15. Birthplace (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant Ms Ethel Long
(b) Address 607 Washington Galena Ks
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Galena
18. (a) Signature of funeral director Potest Funeral Home
(b) Address Galena Kans.
19. (a) 11-22-47 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 1/28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 14, 1947, to 20 Nov, 1947; that I last saw her alive on 20 Nov, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	5 days
Due to: arteriosclerosis — Pt. had a fract left hip which was pinned	
Due to:	15 Nov 47
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above
Of autopsy ADDITIONAL SUPPLEMENTARY REQUESTED

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) 122
(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
23. Signature S. L. Searle (M. D. ~~or other~~)
Address Date signed 22 Nov. 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Dr Scouse

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

47-12-1014

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~~ Haven E. Lewman, Registered Apprentice No. _____, working under my personal supervision.

Signed Haven E. Lewman

Licensed Embalmer No. 2067 Kans.

P. O. Address Galena Kans.

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.

S. No. 2B
5M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jet

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 Naomi F. Rains

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 28 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov 20
year 1947 hour minute M.

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

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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, ~~[illegible]~~ yes indirectly

(b) Date of occurrence 14 Nov. '47

(c) Where did injury occur? At home, Salina, Kan.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home (FELL IN HOME)
(Specify type of place)

While at work? (e) Means of injury accidental

23. Signature [signature] (M. D. ~~or other~~)

Address 308 FRISCO BLDG JOPLIN Date signed 29 Jan 48

SUPPLEMENTARY

5-4390