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FILED FEB 14 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **4083**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Demitt

(c) Name of hospital or institution: South Park of Demitt  
(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) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll **17**

(c) City or town Demitt **6**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **7**

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES ALLEN G. RAWFORD

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1948 hour 2 minute 30P. M.

21. I hereby certify that I attended the deceased from Nov. 2  
1947, to Jan. 14, 1948,  
that I last saw him alive on Jan. 14, 1948,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 27 1868  
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac Failure **terminal**

Due to Chronic Malnutrition **1yr.**

Due to Senility.

8. AGE: Years Months Days If less than one day

79 10 14 hr. min.

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

10. Usual occupation Retired fireman

Other conditions (Include pregnancy within 3 months of death) **B**

Major findings:  
Of operations \_\_\_\_\_ **167**  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name James C. Rawford

13. Birthplace Carroll County Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Maybelle Alexander

15. Birthplace Carroll County Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. G. Barnes

(b) Address Demitt Mo.

17. (a) Buried (b) Date thereof Jan 16 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day tent on me + gravel

18. (a) Signature of funeral director Key + Rawford

(b) Address Key Demitt Mo

19. (a) Jan 16 1948 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

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 **2**

23. Signature J. P. Fowler (Name or other) **D.O.**  
Address Brunswick, Mo. Date signed 1/15/48

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 2-13-48

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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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Key West Fla

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.