No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8884

Primary Registration District No. 1002

Registrar's No. 1198

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

8
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8

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: St Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether In this community 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Gardner (If outside city or town limits, write "RURAL") 14

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Stella Pearl Raynes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem 1

5. Color or race Wht

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Charles David Raynes

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased March (Month) 24 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
23 ~~24~~	11	19	hr. min.

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

10. Usual occupation Hswf

11. Industry or business

12. Name William Hollis Barnett

13. Birthplace (City, town, or county) Missouri (State or foreign country)

14. Maiden name Maggie B.

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles David Raynes

(b) Address Gardner Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/14/48 (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo

18. (a) Signature of funeral director Stone McClure

(b) Address Kansas City Mo

19. (a) 3-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 13, 1948 year 11 hour 56 minute 12 M.

21. I hereby certify that I attended the deceased from 3-1, 1948, to 3-13, 1948; that I last saw her alive on 3-13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia & broncho pneumonia

Due to Myelogenous leukemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 74a

Of autopsy Leukemic infiltrations of bone marrow, spleen, pleura, lgs stomach, liver

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul J. Preston (M. D. or other) MD

Address St Lukes Hosp. KC Mo. Date signed 3-13-48

(Licensed Embalmer's Statement on Reverse Side)

Ur. Wilkerson
Med Plaza Bldg

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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 8884-4

State of Mo } ss.
County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1198-48

On this 20th day of December, 1950, before me appears Charles D. Raynes, who, upon his oath, states that the original record of ~~birth~~ death for Stella Raynes died ~~born~~ 3-13-48, 19..., in the State of Missouri, and which was filed at KC Mo on 3-16, 1948, should be corrected as follows:

Item No. 3 should read Stella Pearl Raynes
Instead of Stella Raynes

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles D. Raynes Relationship. Husband

8309 Flora, KC 5 Mo.
Present Address.

Subscribed and sworn to before me this 20th day of December, ~~194~~ 1950

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I-X36667