S. No. 2
M—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

State File No. 10576

FILED MAR 23 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2432

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp (If not in hospital or institution, write street number or place)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days) In this community: 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: 1317 E. 5th (If rural, give location)
(e) Citizen of foreign country? (Yes or No): NR
If yes, name country:

3. (a) PRINT FULL NAME: Raines, James William
3. (b) If veteran, name war: No.
3. (c) Social Security No.: 702-16-0497
4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, divorced: Married
6. (b) Name of husband or wife: Lulu Raines
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: August (Month) 20 (Day) 1881 (Year)
8. AGE: Years 66 Months 6 Days 19 If less than one day hr. min.
9. Birthplace: Georgetown (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Foreman (railway) Mo.Pac
11. Industry or business:
MOTHER FATHER
12. Name: Joseph E. Raines
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Luzetta Wine
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Lulu Raines
(b) Address: 1317 E. 5th Sedalia Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia, Mo Rowland Mortuary
18. (a) Signature of funeral director: J. F. Bredeck
(b) Address: 4104 Manchester
19. (a) MAR 11 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 26, 1948, to March 9, 1948; that I last saw him alive on March 8, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Generalized Peritonitis | |
| Due to: Carcinoma Of Recto-Sigmoid Colon | |
| Due to: | |
| Other conditions: (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: Carcinoma Of Recto-Sigmoid And Gen. Peritonitis | |
| 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:
23. Signature: Vincent A. Sherrod (M. D.)
Address: Mo. Pac. Hosp. Date signed: 3-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2432

MAR 24 1960

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: Gerald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

**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.**