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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30643

FILED OCT 11 1948

Registration District No. 297

Primary Registration District No. 5949

Registrar's No. 50

82

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Quinn Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo (b) County Pike 82
(c) City or town Frankford Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sepriloa Jane Raney

3. (b) If veteran, name war x

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife John W. S Raney

6. (c) Age of husband or wife if alive x 1867 years

7. Birth date of deceased Oct (Month) 29 (Day) ~~1857~~ (Year)

8. AGE: Years 81 Months 11 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

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

MOTHER
14. Maiden name Mary E. Crawford
15. Birthplace — (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs. Henry Perkins
(b) Address Frankford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pisgah Mo

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo.

19. (a) 10-9-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7 year 1948 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 10-1 1948, to 10 7 1948 that I last saw her alive on 10-3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	yes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 T. M. Mathews (M. D. or other) Lee
Address Bowling Green Mo. Date signed 10-9-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10:48:1776
Date Filed OCT 12 1948

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 Harold C. Kirke

Licensed Embalmer No. 4597

P. O. Address Bamlin Green, Me

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.