

FILED NOV 30 1948

Registration District No. **58**

Primary Registration District No. **3006**

Registrar's No. **295**

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5th and Park 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 yes (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone **10**
(c) City or town Columbia **2**
(If outside city or town limits, write "RURAL")
(d) Street No. Park Ave **4**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Webster Rankey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 2 5. Color or race colored 6. (a) Single, widowed, married, divorced 21
6. (b) Name of husband or wife Georgia Rankey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 1874
(Month) (Day) (Year)

8. AGE: Years 74 3 Months 11 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER
12. Name Mathews Rankey
13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)
14. Maiden name Burns Wright
15. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mary Rogie

(b) Address 7th St. Walnut, Columbia Mo

17. (a) Removal (b) Date thereof 11 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Mo

18. (a) Signature of funeral director A. C. Freeman

(b) Address 608 Park Ave. Columbia Mo

19. (a) 11-16-48 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 48 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 24, 48 to Nov 15, 48 that I last saw him alive on Nov 14, 48 and that death occurred on the date and hour stated above.

Immediate cause of death cholesterol myocarditis Duration 1 yr

Due to hypertension 3 yrs

Due to _____

Other conditions non atherosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy not autopsied

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature AW Rainey (M. D. or other) _____

Address Columbia Mo Date signed 11-16-48

RECEIVED
Sanitation Health Officer No. 9,
District File Number
Date Filed NOV 29 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 609 Park Ave. Columbia

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.