REC'D FEB 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2048
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 3014 — Registered No. 14
(c) or City Jefferson City, Mo. (d) Street No. State Prison Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT RAINES
(a) Residence, No. Jefferson City St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1908

7. AGE: Years 30 — Months 5 — Days 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steamfitter
9. Industry or business in which work was done, as saw mill, bank, etc. Plumbing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME W.H. Raynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Self — Prison Records (ADDRESS)

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Kansas City Mo DATE 1/24 1939

19. FUNERAL DIRECTOR (NAME) Heinrichs Fun. Home (ADDRESS) Jeff City Mo

20. FILED 1/24/1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23 1939.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1938, to January 23, 1939
I last saw him alive on January 23, 1939 Death is said to have occurred on the date stated above, at 6.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Bleat,	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Rambo, M.D.
(Address) Dent. Tr. Bldg. W. W. RAMBO, M.D. Jefferson City

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 John F. Heinrich, Registered Apprentice No. ..... working under my personal supervision.

Signed John F. Heinrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.