REC'D JUN 8 1939

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

18638
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 408 "A"
(c) City Springfield Mo (d) Street No. Springfield Baptist Hospital 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 500 Elven Raney
(a) Residence, No. St. Mt. Grove, Mo
(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) June 4, 1912
7. AGE: YEARS 26 MONTHS 11 DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Wright Co Mo

FATHER
13. NAME Lieu Raney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Maggie Chadell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Lieu Raney Norwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thomas Cemetery DATE May 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber Mtn Grove Mo 296

20. FILED 5-17-1939 Chas A. George MD (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1939, to 5/16, 1939
I last saw him alive on 5/16, 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury R. Chest Fracture all Ribs	5/14
Posterior dislocation entire R. half pelvis	5/14
Other contributory causes of importance:	
Surgical shock	5/14

210 95

Name of operation ..... Date of .....
What test confirmed diagnosis? X rays Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 5/14, 1939
Where did injury occur? Whitstone Corner, Mt. Grove, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road & place
Manner of injury Car accident (overturned)
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Durward E. Hall, M. D.
(Address) 500 Holland Bldg Springfield, Mo.

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

Please send burial certificate to Mt. Grove, Mo. Russell Barber
Tried three times to find you.

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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, above space should be left blank.