

REC'D SEP 19 1939

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

29456

Do not use this space.

1. PLACE OF DEATH
- (a) County Jasper Registration District No. 408
- (b) Township Jackson Primary Registration District No. 5563A
- (c) City Carthage (d) Street No. _____ 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 JAMES ROBERT RAINES
- (a) Residence, No. R 4 Carthage St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Divorced
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Raine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 42 2 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crocker Missouri
13. NAME George Raines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Missouri
15. MAIDEN NAME Nancy Cowan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Missouri
17. INFORMANT (ADDRESS) Nannie Dodge R 4 Carthage
18. BURIAL, CREMATION, OR REMOVAL PLACE Junction DATE Aug 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Amel McKinney Carthage Mo
20. FILED Aug 26, 1939 E. J. McEntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1939
22. I HEREBY CERTIFY, That attended deceased from July 30 1939 to Aug 24 1939
- I last saw him alive on Aug 20 1939. Death is said to have occurred on the date stated above, at 5:55 A. M.
- The principal cause of death and related causes of importance were as follows:
- Abscess of Right Ear
- Date of onset
- 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) H. H. Brookshire, M. D.
- (Address) Joplin, Mo

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RECEIVED

District Health Officer No. 6,

District File Number 939-1877

Date Filed SEP 12 1939

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 P. W. K. [Signature]

Licensed Embalmer No. 814

P. O. Address Carthage, 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.