

DEC 11 1939 399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1007

Registrar's No. 4218

1. PLACE OF DEATH:

(a) County Sackson  
 (b) City or town Kansas City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: K.C.T.B. Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 mo.  
 (Specify whether years, months or days) 10 yrs.

8. (a) PRINT FULL NAME William Rainwater 5.3L

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Separated 6. (c) Age of husband or wife if alive unk. years  
 7. Birth date of deceased Feb. 18 (Month) (Day) (Year) 1896

8. AGE: Years 43 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Honey Pass (City, town, or county) So. Carolina (State or foreign country)

10. Usual occupation Maid

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Donald Henry  
 13. Birthplace So. Carolina (City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Moore  
 15. Birthplace So. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature K.C.T.B. Hosp.  
 (b) Address Heads Station

17. (a) Burial (b) Date thereof 11-2-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Bro  
 (b) Address 1708 Grove

19. (a) Nov 3, 1939 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1118 E. 19th  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
 year 1939 hour 8:30 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 5  
1939, to Oct 30 1939;  
 that I last saw her alive on Oct 30 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. H. B. C.  
 Due to IB

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Pulm. H. B. C. - FA  
7.5 per cent

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) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (If other) \_\_\_\_\_  
 Address [Address] Date signed [Date]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

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**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

*Isaac Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*1729 Lydia*

**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.**