

RECD JAN 18 1940 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42641

Do not use this space.

1. PLACE OF DEATH
(a) County Atchison Registration District No. 30
(b) Township Tarkio Primary Registration District No. 5027
(c) City Tarkio Mo (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred 4 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
5-23 Thomas Brown Rankin
2. PRINT FULL NAME Tarkio Mo
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE W-1-C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Rankin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Farmer
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) ### 11. Total time (years) spent in this occupation ###

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1923 to Feb 22, 1939
I last saw him alive on Feb 22, 1939 Death is said to have occurred on the date stated above, at 5:PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-22-39
J. W.

Other contributory causes of importance:
Chronic Bronchitis, arthritis & dementia June 1923

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monmouth Ill
13. NAME Alexander Rankin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Jane Struthers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Plumid Was there an autopsy? no

17. INFORMANT H. Nelson Rankin (ADDRESS) Atchison
18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio DATE Feb 25, 1939

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.

19. FUNERAL DIRECTOR H. B. Clement (ADDRESS) Atchison Mo
20. FILED 4-23 1939 C. W. Vaughn Local Registrar.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) C. W. Vaughn, M. D.
(Address) Tarkio Mo

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, W.S. Gammert, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W.S. Gammert

..... L. E.

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

Signed W.S. Gammert

Licensed Embalmer No. 3381

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.)