

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town DeSoto Valle  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
607 E. Main  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 month, 7 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town DeSoto  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 607 E. Main St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1111 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2  
 year 1940 hour 6 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from  
Jan. 29 1940 to Feb. 2 1940  
 that I last saw her alive on Jan. 29 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Meningitis  
Type unknown.  
 Due to otitis media  
 Due to \_\_\_\_\_

Duration

1 day.  
4 days.

Other conditions  
(Include pregnancy within 3 months of death)  
§ 40  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature Karl Meppinger M. D. (Seal)  
 Address DeSoto, Mo. Date signed 2/2/40

3. (a) PRINT FULL NAME Mary Louise Rainwater  
 8. (b) If veteran, name war 1111 3. (c) Social Security No. 1111

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 111

6. (b) Name of husband or wife 11111 6. (c) Age of husband or wife if alive 111 years

7. Birth date of deceased Nov. 25, 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace DeSoto Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Paul L. Rainwater.  
 { 13. Birthplace Poplar Bluff Mo.  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Della E. Johnson  
 { 15. Birthplace DeSoto Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rainwater  
 (b) Address 615 E. Main St

17. (a) burial (b) Date thereof Feb. 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn--DeSoto Mo.

18. (a) Signature of funeral director Lee Mothershead  
 (b) Address DeSoto, Mo.

19. (a) 3-4-40 (b) Jeneva Donnell  
(Date received local registrar) (Registrar's signature)

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

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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 Lee M. Oshushead  
Licensed Embalmer No. 3521  
P. O. Address Desato 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.,**