FILED AUG 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25636

Registration District No. 502 | Primary Registration District No. 4305 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline Mo 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Marceline Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 415 East Lake
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Nevada Estell Raw (Mrs)
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John Raw
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: March (Month) 11 (Day) 1874 (Year)
8. AGE: Years 66 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.
9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: 9
FATHER
12. Name: Russell Braley
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: don't Know
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Hubert Raw
(b) Address: Macon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial Mt Olivet
18. (a) Signature of funeral director: James. M Laughlin
(b) Address: Marceline Mo
19. (a) 7-19-40 (Date received local registrar) (b) Olive J Barnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 14, 1940, to July 16, 1940, that I last saw her alive on July 16, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhagic	
Due to: Cerebral hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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):
(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)
While at work?
(e) Means of injury:

23. Signature: F. J. Patrick (M. D. or other) M.D.
Address: Marceline Mo Date signed: 7/18/40

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 840-1085
Date Filed AUG 12 1940

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 Blanche McLaughl

Licensed Embalmer No. 1989

P. O. Address Marceline M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.