

Registration District No. **744**

Primary Registration District No. **5976B**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Ray**

(b) City or town **Swanwick, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **all life** (Specify whether years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Ray**

(c) City or town **Swanwick, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Phillip James Raudle**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec**, day **19**
year **1940** hour **3** minute **-** A.M.

21. I hereby certify that I attended the deceased from **Dec 16-40**
1940, to **Dec 19**, 1940
that I last saw him alive on **Dec 16**, 1940
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **Black**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **5** years (Day) (Year)

7. Birth date of deceased **Sept 24 1886**
(Month) (Day) (Year)

Immediate cause of death **apoplexy**

8. AGE: Years **54** Months **3** Days **17**
If less than one day _____ hr. _____ min.

Underlying cause of death **Interstitial Nephritis yrs**

9. Birthplace **Ray co. mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **coal miner**

Other conditions (include pregnancy within 3 months of death) **1/2**

11. Industry or business _____

12. Name **Phillip Raudle**

13. Birthplace **Ray co. mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Magie Raudle**

15. Birthplace **Ray co mo**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Dorothy Womada**

(b) Address **15 James city mo**

17. (a) **Burial** (b) Date (month) (Day) (Year) **Dec 21-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem**

18. (a) Signature of funeral director **W. W. Manner**

(b) Address **Richmond mo**

19. (a) **Dec 30-40** (b) **Malcolm Simpson**
(Date received local registrar) (Registrar's signature)

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? **at work**
(Specify type of place) (e) Means of injury _____

23. Signature **Earl E. Ewing, M.D.** (M. D. or other) **M.D.**
Address **Richmond, Mo** Date signed **12-28-40**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-6-17

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: A. W. Mansur
Licensed Embalmer No. 4157
P. O. Address Richmond 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, fact should be so stated above.