

FILED FEB 14 1941

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1598

Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
 (b) Township Calmar Primary Registration District No. 5D28 Registered No. 3
 (c) City Indian or 1 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

David Clark Rankin
 (a) Residence, No. Farm, Park, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Malinda Rankin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1940

22. I HEREBY CERTIFY, That I attended deceased from 1918, 1918, to Aug, 1940
 Last saw him alive on Aug 1, 1940 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Arthritic DeformansDate of onset
1933

Other contributory causes of importance:

Heat exhaustion which occurred three days before death which brought on acute valvular heart diseaseName of operation none Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? no23. 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.Manner of injury ✓
Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) Orren Hunter M. D.(Address) Fairfax Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 FATHER 13. NAME Alex Rankin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Jane Stautners
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) Grand A. Walker
12 West Bank St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Aug 23 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. M. Davis
St. Joseph, Mo.
 20. FILED Aug 2 1940 C. M. D.
Local Registrar.

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

Licensed Embalmer No. *2394*

P. O. Address *Turkey, 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.