

FILED JUL 11 1941
431

Registration District No.

Primary Registration District No. **5589**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg Rural**
(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. **66 + yrs.**
In this community **66 + yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg Rural**
(d) Street No.
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Iva Ann Raker

(b) If veteran, name war

(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Wm. L. Raker**

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased **Sep-23-1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	4	hr. min.

9. Birthplace **Johnson Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Sylvester Rockard**

13. Birthplace **Blanchester Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Spackelard**

15. Birthplace **Johnson Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. L. Raker**
(b) Address **Warrensburg Mo**

17. (a) **Burial** (b) Date thereof **June 30, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Dwight Phillips**
(b) Address **Warrensburg Mo**

19. (a) **June 30-41** (b) **Bert Gentry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1941** hour **1** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 27**, 1941, to **June 27**, 1941, that I last saw her alive on **June 27**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis**
Due to: **hypertensive cardio-vascular disease**
Due to:

Other conditions (Include pregnancy within 3 months of death) **93H**

Major findings: Of operations
Of autopsy

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

23. Signature **W. Johnson M.D.** (M. D. or other)
Address **Warrensburg, Mo** Date signed **June 28 1941**

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

7100

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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.....

Carl Priest

....., Registered Apprentice No.

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.