

DEC 16 1941

Registration District No. 278

Primary Registration District No. 5532

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howard { South
(b) City or town Rural (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
In this community Life _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. East of New Franklin R.R. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME BROWN ROBERTS RAWLINGS

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAYME HURIGAN 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased (Month) Aug (Day) 7 (Year) 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>4</u>	<u>9</u> hr. <u>0</u> min.

9. Birthplace Howard Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Farming

11. Industry or business _____

12. Name Jefferson Rawlings

13. Birthplace (City, town, or county) (State or foreign country) Mo. 0

14. Maiden name Anna Rawlings

15. Birthplace (City, town, or county) (State or foreign country) Mo. 0

16. (a) Informant Mayme Rawlings

(b) Address New Franklin

17. (a) Burial (b) Date thereof 11-13-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sulphur Springs

18. (a) Signature of funeral director A. B. Newman

(b) Address New Franklin Mo

19. (a) 11-13-41 (b) Anna P. Tuley (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 12, 1938, to Nov 11, 1941; that I last saw him alive on Nov 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans Sept 1938
Cerebral arteriosclerosis 1938

Due to apoplexy cerebral Hemorrhage

Due to _____
Other conditions myocarditis chronic 1938
(Include pregnancy within 3 months of death)

22. Major findings: Of operations _____
Of autopsy 8301

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 0
23. Signature Chamberlain (M. D. or other)
Address New Franklin Mo Date signed Nov 13 41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-15-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. S. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.