

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31043

State File No. ....

FILED OCT 8 1942  
274

Registration District No. ....

Primary Registration District No. 5928

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Heath Creek Twn.

(c) Name of hospital or institution: Nelson RFD # 2.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Rural

(d) Street No. Nelson RFD # 2.

(If outside city or town limits, write "RURAL")

(If rural, give location)

(e) Citizen of foreign country? No

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louvica Raines

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 2

year 1942 hour 12.30 minutes P M.

21. I hereby certify that I attended the deceased from Sept 1-42

\_\_\_\_\_ 19 \_\_\_\_\_ to Sept 2 1942

that I last saw her alive on Sept 2 1942

and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Name of husband or wife John W. Raines

6. (b) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 22 1855

(Month) (Day) (Year)

Immediate cause of death Normaleptia R

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo (State or foreign country)

10. Usual occupation At Home

Other conditions Hypertension Pneumonia

(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Robert Fowler

13. Birthplace \_\_\_\_\_ (City, town, or county) Ky. (State or foreign country)

14. Maiden name Emily Lee

15. Birthplace \_\_\_\_\_ (City, town, or county) Va. (State or foreign country)

Major findings: 83d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas Raines

(b) Address Nelson RFD # 2

17. (a) Burial (b) Date thereof 9-4/42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood Mo.

18. (a) Signature of funeral director Jos. Dillard

(b) Address Sedalia

19. (a) 9/3/42 Mrs. Anna Berger

(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? \_\_\_\_\_

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

23. Signature J. Dentchue (M. D. or other) MD

Address Sedalia MO Date signed 8/3/42

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

80  
00  
C

1862 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-2-42

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**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. E. Boulle

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.**