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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37949

State File No.

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 44

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Flat River Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94 5

(c) City or town Flat River 2 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (~~Yes or~~ No)

If yes, name country 0

3. (a) PRINT FULL NAME O. H. Raby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) Unknown (Day) 0 (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Doe Run Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business Street Commissioner

FATHER
12. Name H. H. Raby
13. Birthplace Georgia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name La Boan
15. Birthplace Doe Run (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mary Inalls

(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run

18. (a) Signature of funeral director Coogan Funeral Home

(b) Address Farmington, Mo

19. (a) Nov. 27, 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1196

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Nov. year 1942 hour 8 P.M. minute M.

21. I hereby certify that I attended the deceased from Inquest Duties, 19, to 19 that I last saw him alive on Nov. 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death natural cause Jury Verdict:- death from natural cause

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Nov. 23, 1942

(c) Where did injury occur? Flat River (City or town) St Francois (County) cty (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Claude Wilkinson act. corner (~~M.D. or other~~)

Address Farmington Mo. Date signed 23 Nov. 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 1242-1245
Date Filed 12-8-42

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 ..... me ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington Me

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.

2B
8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37949

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 44

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Flat River
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME C. H. Raby
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 69 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 3 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart trouble	
Due to: heart trouble	1 —
Due to: heart trouble	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature Claude Wilkerson (M. D. or other)
Address Leadington, Mo. Date signed 1-2-1943