

S. No. 2  
4-5-42  
5-17-39  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1943

State File No. 37470  
Registrar's No. 4815

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2700 Tracy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4414 Walnut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME James W. Rawlings  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 13th  
year 1943 hour 1 P.M. minute  M.  
21. I hereby certify that I attended the deceased from Oct 5  
1943 to Nov. 13, 1943  
that I last saw him alive on Nov. 12, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lina Rawlings 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased May 11 1864  
(Month) (Day) (Year)

Immmediate cause of death Pneumonia (Bronchitis) Duration 36 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>2</u>	.....hr. ....min.

Due to Hyperextension of ligaments of back - old age.  
Other conditions (Include pregnancy within 3 months of death) 93h  
Major findings: Of operations no  
Of autopsy no

9. Birthplace England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired  
11. Industry or business   
12. Name Charles Windsor Rawlings  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Worth  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?  
(Specify type of place)  
While at work? (e) Means of injury

16. (a) Informant William S. Rawlings  
(b) Address 14 East 68th Terrace  
17. (a) Burial (b) Date thereof 11-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street  
19. (a) 11-15-43 (b) W. C. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature W. C. Brown (M. D. or other)  
Address 1115 Grand Ave. No. 40 Date signed 11-13-43

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

MOTHER FATHER

360

(Licensed Embalmer's Statement on Reverse Side)

**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 Elmer C. Wedekin  
Licensed Embalmer No. 3495-  
P. O. Address N. E. 7th

**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.**