

Registration District No. 385 Primary Registration District No. 3039

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Marceline  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Linn  
(c) City or town Marceline  
(d) Street No. W. Howe  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Raw  
3. (b) If veteran name war \_\_\_\_\_  
3. (c) Social Security No. 499-20-4906

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 13 year 1943 hour 6 minute 0 P. M.  
21. I hereby certify that I attended the deceased from Oct. 31 1943 to Dec. 13 1943  
that I last saw him alive on Dec 13 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, widowed  
6. (b) Name of husband or wife Nevada Raw  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 19 - 1876 (Month) (Day) (Year)

Immediate cause of death carcinoma of the stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 67 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country)  
10. Usual occupation Coal miner

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name James Raw  
13. Birthplace Bohemian (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Bohemian (City, town, or county) (State or foreign country)

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

16. (a) Informant Hurley Raw  
(b) Address Marceline Mo  
17. (a) Burial (b) Date thereof Dec 15 43 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Olivet  
18. (a) Signature of funeral director James M. Laughlin  
(b) Address Marceline Mo  
19. (a) Date received local registrar 12/15/43 (b) Registrar's signature J. J. Votawek

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?  
23. Signature Marceline, Mo. P. J. Votawek  
Address \_\_\_\_\_ Date signed 12/16/43

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

58  
2  
1

58  
2

Duration

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1300

12/16/43

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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..... *Blanche M Laughlin* .....

..... Licensed Embalmer No..... *1909* .....

P. O. Address..... *Marceline 7* .....

**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.**