

Registration District No. 62

Primary Registration District No. 5238

1. PLACE OF DEATH:

(a) County. Cedar
(b) City or town. RURAL Jefferson Dist.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. SAND Hill Dist.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME JAMES OLIVER RAINS

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ISABELL RAINS 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased JAN. 11 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 18 hr. _____ min.

9. Birthplace Cedar Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name JOE RAINS

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

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Rains

(b) Address Sumner Mo

17. (a) BURIAL (b) Date thereof JAN. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linker Cemetery

18. (a) Signature of funeral director John Rains

(b) Address Sumnerville, Mo.

19. (a) 3-3-44 (b) Mrs Ethel Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1944 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from now
1943 to Jan 29 1944
that I last saw him alive on Jan 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arterio Sclerosis Duration 4 yrs
Due to acute softening of brain 8 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) JJC

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)
(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 Robert L. Newsom (M. D. or other) M.D.
Address Sumnerville Mo Date signed 2-1-44

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

20
00

6844

RECEIVED

District Health Officer No. 1,
District File Number 2-44-235
Date Filed 3-7-44

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.....

not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *E. H. Pimm*

Licensed Embalmer No. 4282

P. O. Address *Humansville, 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.