

FILED JUL 20 1944

Primary Registration District No. **3008**

Registrar's No. **158**

1. PLACE OF DEATH:  
 (a) County **Callaway**  
 (b) City or town **Sullivan**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**State Hospital No. 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 yr. 11 mo. 23**  
 In this community **5 yr. 11 mo. 23 days**  
 years, months or days

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

3. (a) PRINT FULL NAME **Jessie Raines**  
 3. (b) If veteran, name war **DK.**  
 3. (c) Social Security No. **DK.**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **31**  
 year **1944** hour **11** minute **45 P.M.**

4. Sex **male**  
 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **DK.**  
 6. (c) Age of husband or wife if alive **DK** years  
 7. Birth date of deceased: **Unknown**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5/29/44** to **5/31/1944**  
 that I last saw him alive on **5-31-1944**  
 and that death occurred on the date and hour stated above.

| 8. AGE:   |        |      | If less than one day |      |
|-----------|--------|------|----------------------|------|
| Years     | Months | Days | hr.                  | min. |
| <b>80</b> |        |      |                      |      |

Immediate cause of death: **Myocarditis**  
 Due to: **arteriosclerosis**

9. Birthplace **Iowa**  
 (City, town, or county) (State or foreign country)

Due to: **9/21**  
 Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings: Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name **Nathan Raines**  
 13. Birthplace **Indiana**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Delina Blankship**  
 15. Birthplace **Va.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Eva Lucy**  
 (b) Address **Indaverina Mo Little Blkty.**  
 17. (a) **Removal** (b) Date thereof **6 6 44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Columbia Mo**  
 18. (a) Signature of funeral director **J. O. Roberts**  
 (b) Address **Columbia Mo**  
 19. (a) **6-6-1944** (b) **Joan Morant**  
 (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 **George W. Rain** (M. D. or other) **MS**  
 Address **Callaway Mo** Date signed **6/11/44**

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

4  
1/2

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-19-44

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**