

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Larussel - Sarcouxie Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Larussel  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel B. Rankins

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 2 widowed  
6. (b) Name of husband or wife Rebecca  
6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased Jan 8 1852  
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Green county Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation stockman

11. Industry or business farmer

12. Name Hiram Rankins

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Norris

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

16. (a) Informant Mrs. Anna Edwards

(b) Address Larussel Missouri

17. (a) Burial (b) Date thereof 12/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (c) Signature of funeral director Roland Engelage

(b) Address Sarcouxie, Missouri

19. (a) 12/8/44 (b) Roland Engelage  
(Date received by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6  
year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 8  
1944 to December 6, 1944

that I last saw him alive on Dec 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 7 years

Due to arteriosclerosis

Due to senility

Other conditions (Include pregnancy within 3 months of death) 940

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 \_\_\_\_\_

23. Signature W. E. Kilbane (M. D. or other) 09

Address Sarcouxie MO Date Dec 8 1944

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

900

44-12-1104

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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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vernon St

**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.**