

STANDARD CERTIFICATE OF DEATH

6147

State File No.

Registration District No. 156

Primary Registration District No. 2201

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital, Joplin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community twenty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa 999
(c) City or town Picher 34
(If outside city or town limits, write "RURAL")
(d) Street No. 100 S. Connell Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henryetta Raines

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

4. Sex F. M. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl Raines 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 16, 1904
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Henry Ray
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Norton
15. Birthplace Eldorado Springs, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Raines
(b) Address Picher, Oklahoma
17. (a) Removal (b) Date thereof 1/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation G. R. Hismi Okla.

18. (a) Signature of funeral director John H. Sumner
(b) Address 200 So. Francis Picher
19. (a) 1-3046 (b) Ed D. Sumner
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 9 P. M. minute M.

21. I hereby certify that I attended the deceased from Dec 30 1945 to Jan 23 1946
that I last saw her alive on Jan 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Heart disease

Due to Essential Hypertension

Due to Hypertensive Heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy
931
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 Ed D. Sumner (d. D. or other)
Address 708 Hises Bldg Date Jan 25 46

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

46-1-104

Mr. Myers - Ophir
Fusco Bldg.

MAR 8 1946

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 John H. Stumil

Licensed Embalmer No. Okla 890

P. O. Address Okla

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.