

**FILED** MAR 20 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6032

Registrar's No. 2099

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley  
(c) City or town Doniphan  
(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

John W. Raney

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Raney

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 3, 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace White County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name James Raney

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

14. Maiden name Albaccia Robinson

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

16. (a) Informant J. L. Raney

(b) Address Postal B. B. Huff no.

17. (a) Burial (b) Date thereof Feb. 20, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan's cement

18. (a) Signature of funeral director E. W. Edwards

(b) Address Doniphan Mo.

19. (a) 2-25-46 (b) E. O. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19  
year 1946 hour 4 minute 32 A.M.

21. I hereby certify that I attended the deceased from Feb 18-46 to Feb 19-46  
that I last saw him alive on Feb 18-46  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Cerebral Hemorrhage 3 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy g30

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) (Specify type of injury)  
23. Signature C. G. Goforth (M. D. or other) \_\_\_\_\_  
Address Doniphan Mo Date signed 2-25-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5

District File No. 346354

Date Filed 3.18.46

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 Roman J. Selig Jr.  
Licensed Embalmer No. 562  
P. O. Address Corning Bk.

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.