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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1948

State File No. 30597

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 279

1. PLACE OF DEATH:

(a) County Jackson Blue Twp.

(b) City or town ~~Kansas City~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1735 Blue Ridge Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town ~~Kansas City~~ Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1735 Blue Ridge Blvd., 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Benjaman Fraklin Rainwater

3. (b) If veteran, name war no

3. (c) Social Security No. 492-14-9552

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Eva Isabelle Rainwater

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

7. Birth date of deceased 11/5/1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Stoutland, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER

12. Name Abraham Rainwater

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

14. Maiden name Kathryn Waters

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

16. (a) Informant Mrs. Verna Fisher

(b) Address 1735 Blue Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 8-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from June 1, 1945 to Aug 4, 1946, that I last saw him alive on Aug 4, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung	1yr
Due to: Uremia	
Due to: Uremia	
Other conditions (Include pregnancy within 3 months of death): HTD	
Major findings: Of operations: Carcinoma	
Of autopsy: no	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. B. Cornholt M.D. (M.D. or other)

Address 4000 Baltimore Kc Mo Date signed 8/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

29425

Dr. Casebolt,
4000 Baltimore
After 3 P M

Then to Mr. Craig at City Hall
Independence, Mo.

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 P. Sheil

Licensed Embalmer No. 3625

P. O. Address K. C. 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.