No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38090

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 366

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Missouri
(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 Dan Mitchell Rabey

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

4. Sex Male 5. Color or race Caus. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July (Month) 18 (Day) 1946 (Year)

8. AGE: Years | Months 4 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Flat River, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ----

FATHER
12. Name Olin A. Rabey
13. Birthplace St. Francois County
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Bunte
15. Birthplace FArmington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Olin Rabey
(b) Address Flat River, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21-46 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Doe Run, Mo.

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Ave Flat River, Mo

19. (a) 11-25-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1946 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from Nov 17, 1946 to Nov 19, 1946
that I last saw him alive on Nov 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration 2 days.

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

108

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 .....

23. Signature J. L. Foster (M. D. or other)
Address Desloge Mo Date signed Nov 21, 1946

2 89 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1246-29

Date Filed 12-2-46

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.