

7. S. No. 2  
00M-5-43  
Rev. 5-17-39

41375

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 14 1947

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Newtown, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
all his life (Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Newtown, Mo  
(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 \_\_\_\_\_ no

3. (a) PRINT FULL NAME Jim Rains

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1946 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lelia Rains

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

7. Birth date of deceased Feb. 4 1892  
(Month) (Day) (Year)

Immediate cause of death Cuts & bruises on head & chest

Due to automobile accident

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation farmer

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

12. Name John Rains

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

14. Maiden name Woodward

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Lelia Rains

(b) Address Newtown

17. (a) Burial (b) Date thereof Dec 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottebein

18. (a) Signature of funeral director Noel Mo  
Princeton, Mo

(b) Address \_\_\_\_\_

19. (a) 12-24-46 (b) Lyon Martin  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-21-46

(c) Where did injury occur East Princeton Mercer Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on highway (Specify type of place)

While at work \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_) Cover

Address Princeton, Mo Date signed 12-22-46

190 (Licensed Embalmer's Statement on Reverse Side) Raw off Roadway

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

10133

DISTRICT HEALTH OFFICE  
Cameron, 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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Paul Moss

Licensed Embalmer No. 2684

P. O. Address Camden, 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.