

FILED AUG 20 1947

Registration District No. 382

Primary Registration District No. 5543

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Rural Boardlick  
(If outside city or town limits, write "RURAL" and name of town)  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Billie RAINS GARGES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-2-5670

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

6. (b) Name Mrs. E. Wilkerson Raines or wife \_\_\_\_\_ 6. (c) Age of husband or wife if 56 years

7. Birth date of deceased Dec 18 - 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 14 hr. min.

9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation St. Highway Department

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

12. Name E. L. Rainsberger

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

14. Maiden name Gertrude Rose

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

16. (a) Informant Hazel Wilkerson

(b) Address Franklin Mo.

17. (a) Burial (b) Date thereof July 3 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarks Chapel

18. (a) Signature of funeral director C. S. Neunken

(b) Address New Franklin Mo.

19. (a) 7-8-47 (b) Joe King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1947 hour 7 minute a M.

21. I hereby certify that I attended the deceased from 7-2 to 7-2 1947 that I last saw him alive on 7-2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Coronary Disease

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

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

Duration

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 W. B. Bloom (M. D. or other) M.D.  
Address Jayate Mo. Date signed 7-2-47

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-18-47

SEP 3 1947

**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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.**