. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30032

State File No. .....

Registration District No. 324 — Primary Registration District No. 3072 — Registrar's No. 161

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 326 E. Gordon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 326 E. Gordon 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Jefferson Rawlings
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary L. Harland
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July (Month) 17 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 74 If less than one day ..... hr. ..... min.

9. Birthplace Howard Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Ret. Farmer
11. Industry or business " "
FATHER
12. Name Robert G. Rawlings
13. Birthplace Clark Co. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Ester Jane Faris
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Owen Rawlings
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director J. Leslie Surrey
(b) Address Marshall, Mo.
19. (a) Aug 6 47 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 47 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1 1940 to Aug 1 1947 that I last saw him alive on July 20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris (Hubber death)	10 min
Due to	
Due to Arterial	
Other conditions Sclerosis (Include pregnancy within 3 months of death)	4 yrs
Major findings: Of operations —	
Of autopsy (1) 94 B	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence ✓
(c) Where did injury occur? 0 (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 [signature] (M. D. or other)
Address Marshall Mo Date signed 8/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-29-57

AUG 21 1957

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 J. Leslie Gurney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.