I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948
Registration District No. 187

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 689
Primary Registration District No. 3019
Registrar's No. 13

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin 35
(c) City or town Kennett (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shelby Lurene Raymer
3. (b) If veteran, name war
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased August (Month) 11th (Day) 1940 (Year)

8. AGE:	Years	Months	Days	If less than one day
	6	5	3	hr. min.

9. Birthplace Kenton (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Clovis Lee Raymer
13. Birthplace Waverly (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Vivian May Dickson
15. Birthplace Lindon (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Clovis Lee Raymer
(b) Address Kennett Mo. Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo.
19. (a) 1-14-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th year 1948 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from 1-11, 1948, to 1-14, 1948 that I last saw her alive on 1-14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Severe Toxemia	
Due to: Intestinal Obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Intestinal Obstruction at Illiocene Volume due to ~~Of autopsy~~ Old Post Operative Adhesions

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)
(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 S. R. Presnell (M. D. ~~or other~~)
Address Kennett, Mo. Date signed 1-14-48

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

RECEIVED
District Health Office No. 2,
District File Number 148-115
Date Filed 1-19-48

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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.