S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1948

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8180

State File No.

Primary Registration District No. 3012

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Bell's Hospital & Clinic 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days (Specify whether
In this community 28 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn (b) County unknown 999

(c) City or town Erie 36
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 W. 9th Street 0
(If rural, give location)

(e) Citizen of foreign country? # No (Yes or No) 2
If yes, name country #

3. (a) PRINT FULL NAME ANNA RAYMER

3. (b) If veteran, name war ##

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harold Raymer

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

7. Birth date of deceased June (Month) 29 (Day) 1905 (Year)

8. AGE: Years 42 Months 7 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Crossingville (City, town, or county) Penn (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George E. Cook 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Carrie Hayes 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Donald Burton Fun'l Home
(b) Address 602 W. 10th-Erie Penn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Erie Penn

18. (a) Signature of funeral director Chas V. Hope
(b) Address Excelsior Springs Mo

19. (a) 3/2/48 (Date received local registrar) (b) Caroline Hutching (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 2, 1948, to March 2, 1948
that I last saw her alive on March 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy arteriosclerosis, Hypertrophied heart

Duration 30 M

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 K

Of autopsy

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 0

23. Signature J W Webb (M. D. ~~or other~~)

Address Excelsior Springs Mo Date signed 3-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-17-48

APR 8 1948

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.