

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21982
Registrar's No. 105

Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Wash. Imp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H.H.P. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community some years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Wash. Imp. 108
(If outside city or town limits, write "RURAL")
(d) Street No. 701 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Ann Rawlings
(b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1948 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from Apr 4 1948 to May 9 1948
that I last saw her alive on Apr 20 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased November 6 1885
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to _____
Due to _____
Other conditions: Advanced age
(Include pregnancy within 3 months of death)

8. AGE: Years 92 Months 6 Days 3 If less than one day
hr. _____ min. _____

Major findings:
Of operations none
Of autopsy none
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? _____

9. Birthplace Bismarck, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name John B. Rawlings
13. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ann J. Mess
15. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. B. Love (M.D. or other)
Address Nevada, Mo Date signed 5/10/48

16. (a) Informant Lucy Rawlings
(b) Address Nevada, Mo
17. (a) Burial (b) Date thereof May 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director John J. ...
(b) Address Nevada, Missouri
19. (a) 6-22-48 (b) Hal ...
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 71

District File Number 5-48-692

Date Filed 6-28-48

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.....

Licensed Embalmer No. 1760

P. O. Address. Nevada MD

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.