

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37386

State File No. _____

FILED NOV 23 1948

Registration District No. _____

Primary Registration District No. 5773

Registrar's No. 165

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Morgan Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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

3. (a) PRINT FULL NAME Eugene Raines

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Single U

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 16 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31	6	18	hr. min.
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9. Birthplace: Mercer Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Clyde Raines

13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Messner

15. Birthplace Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie B. Raines

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 11-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wessner Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 11-8-48 (b) M. J. Rutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer 65 0

(c) City or town Rural 13 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Electrocution 193 19

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence abt 11-4-48 15

(c) Where did injury occur? at his house
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Princeton Mo 3

While at work? no (Specify type of place) _____

23. Signature [Signature] (M. D. or other) Coronel

Address: Princeton Date signed 11-5-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Leon Martin.....

Licensed Embalmer No. 3760.....

P. O. Address Unionton, 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.