

FILED DEC 22 1948

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

State File No. 41151

Registration District No. 299

Primary Registration District No. 3056

Registrar's No. 317

1. PLACE OF DEATH

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days)

In this community nine months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. RFD #1 Jacksonville
(If rural, give location)

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

3: (a) PRINT FULL NAME RALEIGH LEE SHOWENS

3. (b) If veteran name war none

3. (c) Social Security No. 331-12-7549

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased May - 27 - 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 16
If less than one day hr. min.

9. Birthplace Cuba Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Phanada Showens

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

14. Maiden name Grace Ingber

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

16. (a) Informant Mrs. Raleigh Showens

(b) Address RFD #1 Jacksonville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/48
(Month) (Day) (Year)

(c) Place: burial or cremation Felps Cemetery Randolph Co.

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

(b) Address Moberly MO

19. (a) Dec 15-48 (Date received local registrar's certificate) (b) Seal Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 11
year 1948 hour 9 minutes 20 A.M.

21. I hereby certify that I attended the deceased from Dec 12
1948, to Dec 13, 1948
that I last saw him alive on Dec 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g36

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature W. H. McCormick D.D. (M. D. or other)
Address 306 1/2 Reed St. Moberly MO Date signed 12-14-48

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

RECEIVED

District Health Officer No. 10

District File Number 12-48-2162

Date Filed DEC 20 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

R. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Proberly 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.