

S. No. 2
M-5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35811

File No. _____
Registrar's No. **10034**

FILED DEC 11 1942

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **2 WKS**
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Pike**

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

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

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

3. (a) PRINT FULL NAME **Enoch Rainwater**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30**
year **1942** hour **12** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **11-16-42**, 19, to **11-30-42**, 19;
that I last saw him alive on **11-30-42**, 19;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Jan. 27th 1861**
(Month) (Day) (Year)

Immediate cause of death _____

Due to **Uræmia of**

Due to **Carcinoma of Prostate**

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

8. AGE:	Years	Months	Days	If less than one day
	81	10	3	hr. _____ min. _____

9. Birthplace **Platt County, Ill.** 1
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Rainwater**

13. Birthplace **Unknown, Ky.** 1
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Porter**

15. Birthplace **Unknown, Ky.** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Bulgen**

(b) Address **Lebanon, Mo.**

17. (a) **Removal** (b) Date thereof **12-1-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pittsfield, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 1 1942** (b) **J. F. Busch**
(Date received local registrar) (Registrar's signature)

Major findings: **Carcinoma of Prostate**

Of operations _____

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) (b) Means of injury _____

23. Signature **J. F. Busch** (M. D. or other) _____

Address **Barnes Hospital** Date signed **11/30**

5 hours 40. 200

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *City*

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.