

No. 2
8-43
17-39
X37823

FILED SEP 12 1946

State File No. _____

Registration District No. 297

Primary Registration District No. 5994

Registrar's No. 61

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL - RICHLAND TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
UNIONVILLE - 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 TIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. UNIONVILLE 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ELIZA JANE RANEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. (a) Sex FEMALE

5. Color or race white

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

6. (b) Name of husband or wife JOHN F. RANEY

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

7. Birth date of deceased October - 27 - 1857
(Month) (Day) (Year)

8. AGE:

Years 88 Months 9 Days 12
If less than one day hr. _____ min. _____

9. Birthplace:

Schuyler County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation:

AT HOME

11. Industry or business:

MOTHER FATHER

12. Name BENJAMIN PICKERING

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

14. Maiden name MILINDA WHITE

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

16. (a) Informant Dora West

(b) Address Unionville, Mo

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof Aug - 11 - 1946
(Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEMETERY

18. (a) Signature of funeral director: COINSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. 64581

19. (a) 9-1-46
(Date received local registrar)

(b) Madell Durbin
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from march 20, 1944 to aug 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 2 weeks

Due to High Blood Pressure 4 years

Due to arteriosclerosis 2 years

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

Major findings:
Of operations _____

Of autopsy g 3 in

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? 2

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

23. Signature J. E. Johnson (M.D. or other) D.O.
Address Unionville, Mo Date signed aug 11, 1946

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

RECEIVED
District Health Officer No. 10
District File Number 9-46-1735
Date Filed SEP 11 1946

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 ^{Mrs. A. H. H.}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed James W. Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville, N.C.

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.