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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16114**

Registration District No. **336**

Primary Registration District No. **6128**

Registrar's No. **1**

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

1. PLACE OF DEATH:
 (a) County SHANNON
 (b) City or town EMINENCE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NONE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE
 In this community 23 Years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME CARL HADEN RAINBOLT
 3. (b) If veteran, name war WW #2
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 6
 year 1947 hour 3 minute 45 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13 1923
 (Month) (Day) (Year)

Immediate cause of death Auto Accident
 Due to Cocaine - with
Downy Eminence
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 23 Months 11 Days 24 If less than one day _____ hr. _____ min.
 9. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Soldier
 11. Industry or business _____
 12. Name W.H. RAINBOLT
 13. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Maudie Stevenson
 15. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant W.H. RAINBOLT
 (b) Address West Eminence, Mo.
 17. (a) BURIAL (b) Date thereof 4-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eminence, Mo.

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? _____
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Frank Hyde (M. D. or other) 3
 Address Eminence, Mo. Date signed 4-9-47

18. (a) Signature of funeral director Joe R. Dunham
 (b) Address Mountain View Mo.
 19. (a) 5-3-47 (b) Walter Roe
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File No. 542273

Date Filed 5-10-47

MAY 10 1947

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 4325

P. O. Address Porta View 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.