

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1630 17

16756

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkland Hospital		d. STREET ADDRESS (If rural, give location) 1915 Hope	
3. NAME OF DECEASED a. (First) Dalton b. (Middle) L. c. (Last) Rainwater		4. DATE OF DEATH April 25, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1892
9. AGE YEARS MONTHS DAYS 56 7 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME Forest Rainwater	
13. MOTHER'S MAIDEN NAME Ella Jones		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. SOCIAL SECURITY NO. 457-03-0131		16. INFORMANT'S SIGNATURE Mr. S. L. Rainwater	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, right lung INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <div style="border: 1px solid black; padding: 5px; text-align: center;">TEXAS DEPARTMENT OF HEALTH RECEIVED MAY 9 1949 BUREAU OF VITAL STATISTICS</div>	
18a. DATE OF OPERATION None		18b. MAJOR FINDINGS OF OPERATION	
19a. ACCIDENT SUICIDE HOMICIDE (Specify)		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)		19d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
19e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19f. HOW DID INJURY OCCUR	
20. I hereby certify that I attended the deceased from 4/25 , 1949, to 4/25 , 1949, that I last saw the deceased alive on 4/25 , 1949, and that death occurred at 4:20 P. m. , from the causes and on the date stated above.			
21. SIGNATURE Ray T. Lenta M.D.		22. ADDRESS Parkland Hospital	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27, 1949	
23c. NAME OF CEMETERY OR CREMATORY Not Available		23d. LOCATION (City, town, or county) (State) Hamilton Texas	
23e. FUNERAL DIRECTOR'S SIGNATURE B. S. Batchelor		23f. MORTUARY, LTD Smith & Bro. Mortuary, Ltd	
24. REGISTRAR'S FILE NO. 1369		24b. DATE REC'D BY LOCAL REGISTRAR April 26 1949	
24c. REGISTRAR'S SIGNATURE Nora Humphrey			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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163