

1. PLACE OF DEATH

STATE OF TEXAS

COUNTY OF Rains

CITY OR

PRECINCT NO. #1 Emary Texas.2. FULL NAME
OF DECEASEDMrs Mary Elizabeth Rainwater

FIVE STREET AND NUMBER OR NAME OF INSTITUTION

LENGTH OF RESIDENCE

WHERE DEATH OCCURRED 16 YEARS

MONTHS

(SOCIAL

SECURITY NO.

RESIDENCE OF

THE DECEASED AND NO.

CITY EmaryCOUNTY RainsSTATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
(WRITE THE WORD)Married6. DATE OF
BIRTHOct 8, 1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 DAY

67120

HOURS

MIN

8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONEHousewife8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED9. BIRTHPLACE
(STATE OR
COUNTRY)Texas.

10 NAME

Don't know11. BIRTHPLACE
(STATE OR
COUNTRY)" "12. MAIDEN
NAME" "13. BIRTHPLACE
(STATE OR
COUNTRY)" "

14 SIGNATURE

Mrs Ethel Sullivan

ADDRESS

Lufkin

TEXAS

15. PLACE OF
BURIAL OR
REMOVAL

DATE

Emary

TEXAS

DATE

Dec. 5

1942

16 SIGNATURE

Ledy Jones

ADDRESS

Sulphur Springs

TEXAS

Undertaker

Disposition

17. DATE OF
DEATHDec. 3

1942

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

12/1

1942

I LAST SAW HIM ALIVE ON

11/13

1942

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT

6: P. M.

THE PRIMARY CAUSE OF DEATH WAS:

Carditis

DURATION

UnknownCONTRIBUTORY
CAUSES WERE-

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

Dec. 3, 1942

PLACE OF OCCURRENCE

Emary

MANNER OR MEANS

AsphyxiationIF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFYNone

SIGNATURE

J. H. Allen

ADDRESS

Emary

TEXAS

20 FILE NUMBER

12-4

FILE DATE

12-4

SIGNATURE OF LOCAL REGISTRAR

J. H. Allen

POSTOFFICE ADDRESS

Emary

TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

56014

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1820
WIFE OF WM. THOMAS RAINWATER