**Texas Department of Health**  
**Bureau of Vital Statistics**

**Certificate of Death**  
**State File No. 44192**

**1. Place of Death**  
**a. County:** Bell  
**b. City:** Temple  
**c. Hospital/Institution:** Kings Settlement Hospital

**2. Usual Residence**  
**a. State:** Texas  
**b. County:** Bell

**3. Name of Deceased**  
**a. (First):** HOSCA  
**b. (Middle):** MILTON  
**c. (Last):** Rainwater

**4. Date of Death:** September 24, 1937

**5. Sex:** Male

**6. Color or Race:** White

**7. Married, Never Married, Widowed, Divorced:** Single

**8. Date of Birth:** Dec. 9, 1970

**9. Age:** Years: 82, Months: 9, Days: 15

**10a. Usual Occupation:** Retired

**11. Birthplace:** States or foreign country:

**12. Father's Name:** Benjamin Franklin Rainwater

**13. Mother's Maiden Name:** Adeline Woods

**14. Was Deceased Ever in U.S. Armed Forces?** No

**15. Social Security No.:** None

**16. Informant's Signature:**

**17. Cause of Death**  
**I. Disease or Condition Directly Leading to Death:** Congestive Heart Failure

**II. Other Significant Conditions:**

**18a. Date of Operation:**

**18b. Major Findings of Operation:**

**19. Accident, Suicide, or Homicide:**

**20a. Accident:**

**20b. Place of Injury:**

**20c. City, Town, or Precinct No.:**

**20d. Time of Injury:**

**20e. Injury Occurred:**

**20f. How Did Injury Occur?**

**21. I hereby certify that I attended the deceased from Sept 4, 1931, to Sept 24, 1931, that I last saw the deceased alive on Sept 24, 1931, and that death occurred at 9:10 a.m. from the causes and on the date stated above.

**22a. Signature:**

**22b. Address:**

**22c. Date Signed:** Oct. 24, 1931

**23a. Burial, Cremation, or Removal:** Burial

**23b. Date:** Sept. 25, 1933

**23c. Name of Cemetery or Crematory:** Wilson Valley

**23d. Location:** Little River, Texas

**24. Funeral Director's Signature:**

**25a. Registrar's File No.:** 383

**25b. Date Recd by Local Registrar:** Sept. 25, 1953

**25c. Registrar's Signature:**

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#1829