

127-107- 127-00

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

E902.6 48

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

13538

1. PLACE OF DEATH a. COUNTY Jones		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Jones	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Anson		c. CITY (If outside corporate limits, write RURAL and give precinct no.) ANSON Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Commercial Ave.		d. STREET ADDRESS (If rural, give location) 8 miles South-West of Anson	
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Odell c. (Last) Rainwater		4. DATE OF DEATH 2-26-54	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-27-1900
9. AGE 53		10. MONTHS 11	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY County Commissioner Prec.	
11. BIRTHPLACE (State or foreign country) # 4 Texas		12. FATHER'S NAME W. T. Rainwater	
13. BIRTHPLACE Ark.		13. MOTHER'S MAIDEN NAME Gussie Maedgen	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. 1-1-1-1-1-1-1-1-1-1	
16. INFORMANT'S SIGNATURE Mrs Bessie Rainwater by		17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Concussion Lac of Scalp	
18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Concussion Lac of Scalp II. OTHER SIGNIFICANT CONDITIONS Heart Attack Prod. Comp. celation		19. INTERVAL BETWEEN ONSET AND DEATH 3-5-54	
20a. DATE OF OPERATION 2-26-54		20b. MAJOR FINDINGS OF OPERATION 3:45 p.m.	
20c. ACCIDENT? (Specify) SUICIDE		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Anson	
20e. TIME OF INJURY 2 26 54 3:45 p.m.		20f. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
20g. HOW DID INJURY OCCUR? Heart Attack		20h. (CITY, TOWN, OR PRECINCT NO.) Anson	
20i. (COUNTY) Jones		20j. (STATE) Texas	
21. I hereby certify that I attended the deceased from 1942 , 19 54 , to 2-26 , 19 54 , that I last saw the deceased alive on 2-26 , 19 54 , and that death occurred at 4:00 P.M. , from the causes and on the date stated above.		22. SIGNATURE Joe Mathis	
22a. ADDRESS Anson		22b. DATE SIGNED 3-5-54	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-28-54	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Anson Jones Tex.	
23e. FUNERAL DIRECTOR'S SIGNATURE Lawrence Funeral Home by		23f. REGISTRAR'S FILE NO. 304	
23g. DATE REC'D BY LOCAL REGISTRAR 3-8-54		23h. REGISTRAR'S SIGNATURE Joe Mathis	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1843