

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30401

1. PLACE OF DEATH
 County Jackson Registration District No. 1135
 Township Kaw Primary Registration District No. 1135
 City Kansas City (No. Trinity) Lothem St. Mo. Ward 10

2. FULL NAME Rausch - Mrs. Hanna
 (a) Residence. No. Bardner, Kansas Rte 7 Ward. 10
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Rausch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-7-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 6 | 26 | or min.

8. OCCUPATION OF DECEASED:
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Berlin
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Justus Rosenau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Hostman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Herbert Rausch
 (Address) Bardner Kas Rte 7

15. FILED 9/3, 1928 M. M. Crowe
 REGISTRAR user

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3, 1928
 17. I HEREBY CERTIFY, That I attended deceased from 8-19-1928, to Sept. 3, 1928
 that I last saw h. as alive on Sept. 2, 1928, and that death occurred, on the date stated above, at 2:14 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis
94B (duration) yrs. mos. ds.
12710
 CONTRIBUTORY & Cholelithiasis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF 8-20-28
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John H. Outland, M.D.
 (Address) 1125 Rev. St. 19

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Endora Kas. DATE OF BURIAL Sep 4 1928

20. UNDERTAKER H.E. JULIEN ADDRESS Olathe Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

