

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.

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

6551
Do not use this space.

REC'D MAR 15 1938

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township Clark Fork Primary Registration District No. 5307 Registered No. 22
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHRISTIAN RASMUSSEN 252

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1856

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
81 6

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

13. NAME Hans Christian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME as known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Arthur Rasmussen
Bunceton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Elm DATE 2-12 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Service
Bunceton Missouri.

20. FILED Feb 11 1938 D. S. Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7th 1938, to Feb 10th 1938

I last saw him alive on Feb 10th 1938. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia & influenza Date of onset

Other contributory causes of importance:

debility

Name of operation Tumor Date of

What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) V. H. Elliott M. D.

(Address) Bunceton Mo.

STATEMENT BY LICENSED EMBALMER

I, Roy Parker Licensed Embalmer No. 23-47

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Roy Parker

Licensed Embalmer No. 23-47

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)