

REC'D MAY 25 1938

CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Vernon Registration District No. 876 File No. 16099
 Township R. 1st Primary Registration District No. 663 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Ruth R. Rasmussen
 (a) Residence No. _____ St. _____ Ward _____ (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 COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 6A. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Rasmus Rasmussen
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 65
 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) Homeopathic Nurse
 (c) Name of employer Wm. H. H. Co.
 9. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Frankton Barnett
 (1) BIRTHPLACE OF FATHER (CITY OR TOWN) Genoa (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Clara Helms
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY) Ohio
 14. INFORMANT P. Rasmussen (Address) 210 N. 7th St., Sedalia, Mo.
 15. FILED apr 23 19 38 Solden Field REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1938
 17. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 21, 1938 that I first saw her deceased April 21, 1938 and that death occurred, on the date stated above, at ONE P.M. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Crushed Chest
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 210 N 7th (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) R. O. Payne, M. D.
7/21, 1938 (Address) 21. 5th St. Sedalia
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) automobile accident
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Burial Society DATE OF BURIAL April 21 1938
 20. UNDERTAKER W. R. Payne ADDRESS 7th St. Sedalia

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....)..... St..... Ward.....

2. FULL NAME.....

(a) Residence. No..... St..... Ward.....
 (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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).....

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR).....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER.....
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY).....
 12. MAIDEN NAME OF MOTHER.....
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY).....

14. INFORMANT..... (Address).....

15. FILED....., 19..... REGISTRAR.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)..... 19.....

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY)..... (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH?.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed)....., M. D.
 , 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... DATE OF BURIAL..... 19.....

20. UNDERTAKER..... ADDRESS.....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1010 m 98

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16099

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 876
(b) Township Richland Primary Registration District No. 6163 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 60

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Apr 23, 1938 Stella Field Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h. alive on, 19... to have occurred on the date stated above, at

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

Crushed chest Date of onset

210m

Other contributor causes of importance: Car hit rut in road causing it to over turn

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 21, 1938

Where did injury occur? on road Vernon Co. Mo. (Specify city or town, county, and State)

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

on road

Manner of injury pinned underneath when car overturned

Nature of injury Crushed chest

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

If so, specify

(Signed) R. O. DeGruene? M. D.

(Address) 21 South Main

SUPPLEMENTARY

REGISTRARS SMALL. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

S-16099 1938