

I X12004
 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

32921
 Do not use this space.

1. PLACE OF DEATH
 (a) County MACON Registration District No. 533
 (b) Township HUDSON Primary Registration District No. 5713
 (c) City MACON (d) Street No. Still Hildreth Sanatorium Registered No. 84
 (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Ford Rauscher.
 (a) Residence, No. Still Hildreth San. St. Crawfordsville Iowa
 (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 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 Walter Rauscher.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, Sept 15/1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 11 13

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. Housewife.
 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) Mt. Pleasant, Iowa.

FATHER
 13. NAME Alfred Ford.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Iowa.

MOTHER
 15. MAIDEN NAME Ada Happer,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

17. INFORMANT (ADDRESS) Harland Ford.
Mt. Pleasant, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant, Iowa. 8/31/39

19. FUNERAL DIRECTOR (ADDRESS) Albert Skinner.
Macon, Mo.

20. FILED 9/16 1939 Leola Hentzen
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1939 to Aug 28 1939

I last saw her alive on Aug 28 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Schizophrenia

Date of onset
Nov 39
38

Other contributory causes of importance:
BUYS on thighs - May 39

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?..... 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?.....
 If so, specify 7. M. Still D.D.
 (Signed) macon, Mo.
 (Address)

181
944

RECEIVED

District Health Officer No. 10

District File Number 10-39-1736

Date Filed OCT 5 1939

STATEMENT BY LICENSED EMBALMER

I, George Phile, Licensed Embalmer No. 4066

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

George Phile, 4066

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed George Phile
Licensed Embalmer No. 4066

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32921
Do not use this space.

1. PLACE OF DEATH

(a) County Mason Registration District No. 533
(b) Township Hudson Primary Registration District No. 5713 Registered No.
(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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jessie Fard Rauscher
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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.
31 11 13

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

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

MOTHER 15. MAIDEN NAME

MOTHER 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 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m. 4:5

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

Septicaphrenia

Date of onset

contributory causes of importance

Burns on thighs

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 May 9, 1939

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

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

Manner of injury Sanatorium

Nature of injury Caught dress on fire

Burns on thighs

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

If so, specify

(Signed) F. M. Still M-D-O

(Address) Mason, 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.

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

SUPPLEMENTARY

