

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

1832  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Baldwell Registration District No. 96  
 (b) Township Hamilton Primary Registration District No. 40 88  
 (c) City Hamilton (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 160 John Rauber  
 (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 male  
 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 Ida May Rauber  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65      10      16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bricklayer  
 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) Hamilton Mo.  
 FATHER 13. NAME Anton Rauber Sr.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
 MOTHER 15. MAIDEN NAME Susan Barber  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland  
 17. INFORMANT (ADDRESS) Sale Rauber Hamilton Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE Jan 9 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) G.P. Houghton Hamilton Mo.  
 20. FILED Jan 9 1940 Merle Olson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1940  
 22. I HEREBY CERTIFY That I attended deceased from Oct 28 1939 to Jan 7 1940  
 I last saw him alive on Jan 15 1940. Death is said to have occurred on the date stated above, at 5 A m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
 Date of onset 1931  
 Other contributory causes of importance:  
Mitral regurgitation  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Eads, M. D.  
 (Address) Hamilton Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

District: .....  
District File Number: 240-189  
Date Filed: FEB 13 1940

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*L.R. Houghton* ....., or by .....

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

Signed *L.R. Houghton* .....

Licensed Embalmer No. *3854* .....

P. O. Address *Hamilton Mo* .....

**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.)**

**If this body is not embalmed, above space should be left blank.**