

DEC 11 1940
Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 35

09
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Warren Elm Hill
 (a) County _____
 (b) City or town Near Warrenton Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County WARREN
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. West of Warrenton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Henry Racherbauer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov, day 10
 year 1940 hour _____ minute 12 noon

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wilhelmina Fleer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 15-1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 3
Nov 3, 1940 to Nov 10, 1940
 that I last saw him alive on Nov 10 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia Duration 7 days
 Due to _____

9. Birthplace Charlotte, Mo
 (City, town, or county) (State or foreign country)

Other conditions Enlarged heart, Arterial complications
 (Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Racherbauer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Walt Horn
 15. Birthplace North Haven
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy 95%
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. Informant Louis A. Racherbauer
 (b) Address Hoytston, Ill.
 17. (a) Burial (b) Date thereof Nov 13, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Charlotte, Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wm. H. Fisher
 (b) Address Warrenton, Mo
 19. (a) Nov 14 1940 (b) A. W. Ebeling
 (Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Fisher (M. D. or other) _____
 Address Warrenton Mo Date signed 11/10/40

