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7-39  
X231

State File No. \_\_\_\_\_

MAR 17 1944 64  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4275-

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Maguire  
(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 23 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Maguire 510  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME August K Raubert

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 9<sup>th</sup> day, year 1941 hour 7:00 minute \_\_\_\_\_ A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Feb 6 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1<sup>st</sup> 1941 to Feb 9 1941; that I last saw him alive on Feb 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>3</u>	hr. min.

Due to Unnatural

Due to \_\_\_\_\_

9. Birthplace Mr. Spring MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired Merchant

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name William Raubert

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Berner

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin H. Ocker

(b) Address Maguire

17. (a) Rural (b) Date thereof 2-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exp. Cemetery

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John R. Willis (M. D. or other) \_\_\_\_\_  
Address Rayview, Mo Date signed 7/1/41

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

**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, or by.....

....., Registered Apprentice No. 1095

working under my personal supervision.

Signed.....

*W. M. ...*

Licensed Embalmer No.....

P. O. Address.....

*Higgsville*

**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, fact should be so stated above.**