

MADE MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14070

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 103

1. PLACE OF DEATH:

(a) County CANAWAY
(b) City or town FULTON
(c) Name of hospital or institution: STATE HOSPITAL NO. #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DOLE
(c) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 207 MONROE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CLARA RACKERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MD

6. (b) Name of husband or wife PETER RACKERS 6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased APRIL 14 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation PHOTOGRAPHER

11. Industry or business PRIVATE STUDIO

12. Name DAVID FREERNE

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

14. Maiden name GESINA BRAUNER

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

16. (a) Informant HOSPITAL RECORDS

(b) Address Pete Rackers Jefferson City Mo

17. (a) Removal (b) Date thereof 7-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Brecher's Funeral Home

(b) Address Jefferson City Mo.

19. (a) April 5 1941 (b) P. N. Crewe
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5
year 1941 hour 12 minute 01 P.M.

21. I hereby certify that I attended the deceased from MARCH 25, 1941, to APRIL 5, 1941; that I last saw her alive on APRIL 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA Duration 3 days

Due to ACUTE MANIACAL STATE

Due to _____
Other conditions 107
(Include pregnancy within 3 months of death)

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

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? 106 (Specify type of place)

(e) Means of injury _____

23. Signature P. S. Tain (M. D. or other) _____

Address State Hosp. #1, Fulton Date signed 4-5-41

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.
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. 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, fact should be so stated above.