

Registration District No. 53

Primary Registration District No. 5082

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill Rural / Osage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Barton J. Racer

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

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

7. Birth date of deceased Oct. 7 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 17 If less than one day: _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Racer

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edith Racer

(b) Address Rich Hill

17. (a) Burial (b) Date there 12 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Click Cemetery Vernon

18. (a) Signature of funeral director Paul A. Risher

(b) Address Rich Hill Mo

19. (a) Dec. 26, 1941 (b) Claude J. Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles S.W. of Rich Hill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour 3 minute 10 M.

21. I hereby certify that I attended the deceased from June 1 to Dec 24 1941; that I last saw him alive on Dec 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of throat. Duration _____

Due to _____

Due to _____

Other conditions _____
(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? _____ (Specify type of place) (e) Means of injury 0

23. Signature Paul A. Risher (M. D. or other) _____
Address Rich Hill Mo Date signed 12/26/41

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

7
0
0

56

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2157

Date Filed 1-9-42

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 me

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

Signed

J. Hudson Reavley

Licensed Embalmer No.

2730

P. O. Address

Rich Hill 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.