

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41647

State File No.

FILED JAN 23 1942 13
Registration District No.

Primary Registration District No. 3014

Registrar's No. 354

1. PLACE OF DEATH:

(a) County **COLE**
(b) City or town **JEFFERSON CITY, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. MARY'S HOSPITAL**
(If not in hospital or institution, write street number or location) **D**
(d) Length of stay: In hospital or institution **2 weeks**
In this community **LIFE**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COLE** **26**
(c) City or town **JEFFERSON CITY, MO.** **5**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **1312 E. MILLER**
(If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **15**
year **1941** hour **5** minute **05 a.m.**
21. I hereby certify that I attended the deceased from **Dec 1**
1941 to **Dec 15** **1941**
that I last saw him alive on **Dec 15** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration
6 mo

Due to **Hypernephroma R Kidney**
Due to **Renal Calculus Right**

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations **52a**
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 **M. R. G. Giddell** (M. D. or other) **1**
Address **Jefferson City, Mo** Date signed **12/14/41**

3. (a) PRINT FULL NAME **HENRY RACKERS**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CATHERINE RACKERS** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **MAY 2, 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **TAOS? MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

12. Name **JOHN RACKERS**

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

14. Maiden name **CATHERINE TALKEN**

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

16. (a) Informant **MRS. CATHERINE RACKERS**

(b) Address **JEFFERSON CITY? MO.**

17. (a) **BURIAL** (b) Date thereof **12/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TAOS, MO.**

18. (a) Signature of funeral director **J. J. Heintz**

(b) Address **JEFFERSON CITY, MO.**

19. (a) **12-23-41** (b) **Norma Richer**
(Date received local registrar) (Registrar's signature)

874 (Licensed Embalmer's Statement on Reverse Side)

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

6
5
L

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.....

Sylvester Kulle
working under my personal supervision.

Registered Apprentice No. 292

Signed John F. Herin

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.