

FILED JAN 30 1942

State File No. _____

Registration District No. 285

Primary Registration District No. 5422

Registrar's No. 2

1. PLACE OF DEATH: GASCONADE
 (a) County GASCONADE
 (b) City or town RURAL CANAAN TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5 MILES SOUTH OF ROSEBUD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 MONTHS
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GASCONADE
 (c) City or town ROSEBUD
 (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. _____ years.

3. (a) PRINT FULL NAME AUGUST BENJAMIN RACHERBAUMER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 499-03-1571

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 3rd
 year 1942 hour 2 minute 45 P. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife NONE
 6. (c) Age of husband or wife if alive NONE years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
 that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

7. Birth date of deceased: MAY 1 1912
 (Month) (Day) (Year)

Immediate cause of death fall of clay in
Clay mine 5 mi. S. of Rosebud
Mo. fracture of 7th rib on Rt.
about 2 in. from spine
 Due to _____

8. AGE: Years 28 Months 8 Days 2 If less than one day _____ hr. _____ min.

21. (continued) Duration _____

9. Birthplace OWENSVILLE ROUTE 1 MISSOURI
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1860

10. Usual occupation CLAY MINING AND FARMING

Major findings: Of operations 28

11. Industry or business _____

Of autopsy 20

12. Name Wm RACHERBAUMER

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

13. Birthplace OWENSVILLE ROUTE MISSOURI
 (City, town, or county) (State or foreign country)

14. Maiden name MINNIE WINTER

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

16. (a) Informant LOUIS RACHERBAUMER
 (b) Address ROSEBUD MO

17. (a) BURIAL (b) Date thereof Jan 6 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHARLOTTE EV. CEM.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 3. 1942

(c) Where did injury occur? Rosebud Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Clay mine (Specify type of place)

23. Signature W. F. Hottenstatter (M. D. or other) MD
 Address Rosebud Mo Date signed 1/3/42

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

7
0
0

844

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 Welford N. H. Winters
.....
Licensed Embalmer No. 3838
.....
P. O. Address Owensville 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.