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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 859

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6180

State File No. 3903

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County: Lapeer
(b) City or town: Powhattan Co. Tex.
(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 ..... In this community: Two months. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kans (b) County: Harvey
(c) City or town: ~~Bronson~~ ~~no~~
(If outside city or town limits, write "RURAL")
(d) Street No.: Newton, Ks.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: HELEN RASAR DUFF

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

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

6. (b) Name of husband or wife: Albert G. Duff 6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: March (Month) 21, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	10	1	hr. ..... min.

9. Birthplace: Illiopolis, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

FATHER
12. Name: Peter Rasar
13. Birthplace: Unknown, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Hanson
15. Birthplace: Indianapolis, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: Albert G. Duff
(b) Address: Newton, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Newton, Kansas.

18. (a) Signature of funeral director: P. A. Thomence
(b) Address: Branson, Mo.

19. (a) ..... (Date received local registrar) (b) Mary Muller (Registrar's signature)
1-6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 1st
year: 1942 hour: 9:00 minute: P. M.

21. I hereby certify that I attended the deceased from Dec. 12th, 1941, to Jan 1st, 1942, that I last saw her alive on Dec. 30th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Nephritis	2 wks.
Due to: Myocarditis	1 yr.
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? (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: Harry T. Brown (M. D. or other) M. D.
Address: Branson, Mo. Date signed 1/2/42

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Pa Thomchiee

Licensed Embalmer No. 2641

P. O. Address Branson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3903

Registration District No. 859 Primary Registration District No. 6130 Registrar's No.

1. PLACE OF DEATH:
(a) County: Taney
(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Helen R. Duff.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 31 (Day) 1874 (Year)
8. AGE: Years 68 Months 10 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 1 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	
Due to: Chronic Nephritis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 131P
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Harry T. Brown (M. D. or other) M.D.
Address: Branson, Mo. Date signed 2/3/42