

FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19206

State File No.

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Duck Creek Rural
(c) Name of hospital or institution: Rural
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural Duck Creek
(d) Street No. _____
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5-7
1942 to 5-24 1942
that I last saw him alive on 5-7
and that death occurred on the date and hour stated above.
Immediate cause of death Senile Debility
(Old age)

3. (a) PRINT FULL NAME James Rasar
3. (b) If veteran, name war No
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 Ella
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jake Rasar
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 Ella Rasar
(b) Address Dudley Mo R 1

17. (a) Burial (b) Date thereof May 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woods Chapel

18. (a) Signature of funeral director Walden
(b) Address Dudley Mo

19. (a) 5-25-42 (b) J. M. Stearns
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____
Of autopsy _____

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 ?

23. Signature A. M. Wiley (M. D. or other) DO.
Address Dudley Missouri Date signed 5-25-42

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

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

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RECEIVED

District Health Office No. 2,

District File Number 642-714

Date Filed JUN 16 1942

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.....

B. J. Brundinger

Licensed Embalmer No. 40201

P. O. Address Reiley 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.