

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27385

Registration District No. 130

Primary Registration District No. 5572

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Philip A. Rasmussen

3. (b) If veteran, name war WW 3. (c) Social Security No. 491-10-7613

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased mar 2 - 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Bloomington, Prairie, Minn  
(City, town, or county) (State or foreign country)

10. Usual occupation Remington Arms

11. Industry or business Officer

12. Name Hans Rasmussen

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

14. Maiden name Maren Peterson

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

16. (a) Informant Deacons Birth Certificate  
(b) Address 6924 Spruce

17. (a) Burial (b) Date thereof 9-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hampton, Mo

18. (a) Signature of funeral director M. C. Langford  
(b) Address 1001 S. Main St. Hannibal, Mo  
19. (a) 7-1-42 (b) F. H. Schick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Hannibal, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6924 Spruce  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30 year 42 hour 8:30 minute 14 M.

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

Immediate cause of death Fracture of spine  
Bilateral hemothorax  
Due to Automobile accident

Due to Automobile accident

Other conditions (Include pregnancy within 3 months of death) NO  
Major findings: Of operations NO  
Of autopsy Section

Duration 4  
PHYSICIAN NO  
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 Accident  
(b) Date of occurrence 8/30/42  
(c) Where did injury occur 6924 Spruce, Hannibal, Mo  
(City or town) (County)  
(d) Did injury occur in or about home, on farm, in industrial, or in public place?  
Highway  
While at work: Off duty (Specify type of office) (a) Means of injury Car  
23. Signature John H. Schick (M. D. or other) 3/30/42  
Address 6924 Spruce Date signed 3/30/42

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

4800

MAR 20 1943

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**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 W. B. Langford  
Licensed Embalmer No. 3833  
P. O. Address Lees Summit 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.**