

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29699

State File No. \_\_\_\_\_

FILED OCT 13 1942

3003

Registrar's No. 67

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town month  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 101-110<sup>th</sup> St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community about 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town month, mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 101-110<sup>th</sup> St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Rausch

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19  
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 9, 1942 to Sept 19, 1942  
that I last saw her alive on Sept 19, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Wm. Rausch 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased May 1869  
(Month) (Day) (Year)

Immediate cause of death Pneumonia Terminal Duration 20 day

8. AGE: Years 75 Months 4 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 101  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Lenned Bulley

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 Hillie Richey

(b) Address month, mo.

17. (a) Burial (b) Date thereof Sept 22, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L. O. O. F. Cemetery

18. (a) Signature of funeral director L. N. Blankenship

(b) Address \_\_\_\_\_

19. (a) 9-22-1942 (b) Mrs. Geo. Harman  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address month, mo. Date signed 9/21/42

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

RECEIVED

District Health Officer No. 6,

District File Number 1042-1475

Date Filed OCT 9 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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Mount, 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.**