

FILED NOV 10 1942
REG 2247

Registration District No. **2247** Primary Registration District No. **42-403049** Registrar's No. **68**

78
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Remick

(b) City or town Hayti, MO town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Remick

(c) City or town Hayti
(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 Minnie K. Rauenstein

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
year 1942 hour 5:00 PM minute _____ M. _____

4. Sex F. 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife P. S. Rauenstein 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Nov 22 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15 1942 to Sept 25 1942
that I last saw her alive on Sept 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 10 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death: Heart block / Stokes Adams syndrome 24 hrs

Due to Cardio-Renal Decompensation 3 MO.

Due to _____

9. Birthplace Sayago MO. O
(City, town or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Of operations 3/a

Of autopsy _____

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

12. Name George Keyser

13. Birthplace Peru MO. O
(City, town, or county) (State or foreign country)

14. Maiden name Virginia DeBartolo

15. Birthplace New Madrid MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant P. S. Rauenstein

(b) Address Hayti, MO.

17. (a) Burial (b) Date thereof 9-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, MO.

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? _____

18. (a) Signature of funeral director Warren Ray

(b) Address Hayti, MO.

While at work _____ (Specify type of place) (e) Means of injury _____

19. (a) 10/5/42 (b) Mrs G. P. Shurey
(Date received local registrar) (Registrar's signature)

23. Signature W. Cairns (M. D. or other) MD.
Address Carristsville Date signed 9/31/42

11-42-8

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..... *J. A. Brown*
Licensed Embalmer No. *3789*
P. O. Address *Hasti 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.