

26  
5  
4

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

1. PLACE OF DEATH: Cole  
 (a) County \_\_\_\_\_  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 207 Monroe St.  
(If not in hospital or institution, write street number & name)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days Life

3. (a) PRINT FULL NAME Peter H. Rackers  
 3. (b) If veteran, name war. No.  
 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Clara  
 6. (c) Age of husband or wife if alive No. years  
 7. Birth date of deceased Jan. 11 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3 16 hr. min.

9. Birthplace St. Thomas, Mo. Cole Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman Rackers  
 13. Birthplace Toas, Mo. Cole Co.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Prenger  
 15. Birthplace Toas, Mo. Cole Co.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Rackers  
 (b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4/29/43  
(Month) (Day) (Year)  
 (c) Place: burial or cremation St. Patens Cem.

18. (a) Signature of funeral director Victor Buescher  
 (b) Address Jefferson City, Mo.

19. (a) 4-29-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 26  
 (a) State Missouri (b) County Cole 5  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 207 Monroe St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27th.  
 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from not attended  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death HEART FAILURE  
Cerebral Hemorrhage

Due to HEART FAILURE  
DR. DAVID ENLOE SAID THAT

Due to Cerebral Hemorrhage

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

Major findings: No Operation  
 Of operations \_\_\_\_\_  
 Of autopsy None

Duration \_\_\_\_\_  
 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) Cerebral Hemorrhage  
 (b) Date of occurrence April 27 1943  
 (c) Where did injury occur? JEFFERSON COLE MO.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**HIS HOME & PUBLIC PLACE**

While at work? YES (Specify type of place) (e) Means of injury falling

23. Signature Foster L. Wheatly (M., D. or other) Coroner  
 Address City Hall, Jefferson City, Mo. Date signed 4/28/43

**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.....

*Victor Buescher*

Licensed Embalmer No..... 3791

P. O. Address..... Jefferson City, 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.**