

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21016**
Registration District No. **53**
Primary Registration District No. **3010**
Registrar's No. **201**

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

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution: **St. Francis Hospital**
(d) Length of stay: In hospital or institution **8 days**
In this community **8 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Caruthersville Mo 2**
(d) Street No. _____
(e) Citizen of foreign country? **NO**
If yes, name country _____

3. (a) PRINT FULL NAME **Jean Rahun**
3. (b) If veteran name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **w**
6. (a) ~~Single, widowed, married~~ **Divorced**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 27 1874**

8. AGE: Years **68** Months **8** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **D. Know** 9
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Adolph Rahun**
13. Birthplace **D. Know** 9
(City, town, or county) (State or foreign country)
14. Maiden name **D. K.**
15. Birthplace **D. K.** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Jean Rahun**
(b) Address **Wasell Mo**
17. (a) **Wasell** (b) Date thereof **6-25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Caruthersville Mo**
18. (a) Signature of funeral director **W. J. Phelps**
(b) Address **Caruthersville Mo**
19. (a) **6-23-43** (b) **W. J. Phelps**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **22**
year **43** hour **6** minut **30 P.** M.

21. I hereby certify that I attended the deceased from **6/14** 19**43** to **6/22** 19**43**
that I last saw him alive on **6/22** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatic Cirrhosis**
Due to _____
Due to **Myocarditis**
Other conditions **124 hr**
(Include pregnancy within 3 months of death)

Major findings: **Cirrhosis**
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 **W. J. Phelps** (M. D. or other) _____
Address **Caruthersville Mo** Date signed **6/24/43**

RECEIVED

District Health Officer No. 4
District File Number 243-242
Date Filed 2-2-43

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 W. H. Estes.....

Licensed Embalmer No. 3568.....

P. O. Address Cape Girardeau.....

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.