

No. 2
9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25173 ✓

State File No.

Registrar's No. 160

JUL 24 1943

Registration District No. 146

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Riversburg
(c) Name of hospital or institution:
3 mi E Independence Holke Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi E Indep mo, Holke Rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Emma Rahe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sep 30 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

12. Name Fred Rahe

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

14. Maiden name Charlotte Genschel

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

16. (a) Informant Fred Rahe

(b) Address Indep Mo Rt, 3 Box 212

17. (a) Burial (b) Date thereof June 14 - 43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director At + Mitchell

(b) Address Independence, Mo

19. (a) 6-12-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 8 minute 30 A.

21. I hereby certify that I attended the deceased from April 15 1943 to June 11th 1943
that I last saw her alive on June 11th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver with metastases
Duration several years

Due to _____

Due to _____

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

Major findings: 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)
(r) Means of injury Y

23. Signature P. M. Ager (M. D. or other) DO

Address Independence Date signed 6-12-43

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

MOTHER FATHER

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3925

P. O. Address Indep. 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.