V. S. No. 2
OM—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1943

Registration District No. 128 | Primary Registration District No. 2000 | State File No. 58261 | Registrar's No. 946

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 630 Lofen / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, (If outside city or town limits, write "RURAL")

(d) Street No. 630 Loren (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George E. Rackett

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Rackett

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 20 (Day) 1879 (Year)

8. AGE: Years 64 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Grand Rapids, (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Retired Furniture Salesman

11. Industry or business Furniture

FATHER
12. Name George H. Rackett
13. Birthplace Grand Rapids, (City, town, or county) Mich. (State or foreign country)

MOTHER
14. Maiden name Catherine Marsh
15. Birthplace Grand Rapids, (City, town, or county) Mich. (State or foreign country)

16. (a) Informant Mrs. Gertrude Rackett

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 (Month) 1943 (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 11-24-43 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 11, 1943, to Nov 22, 1943 that I last saw him alive on Nov 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis | Duration Days

Due to

Due to

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

Major findings: Of operations 94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Mary Jean Atherton (M. D. ~~or other~~)

Address McDaniel Bldg 318 St Louis St Springfield Date signed 11-24-43

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield M

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.