

S. No. 2
M-5-43
5-17-39
I X36671

STANDARD CERTIFICATE OF DEATH

State File No. **6324**

Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon Rural
(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 66 years (years, months or days)

3. (a) PRINT FULL NAME William Rathmann

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 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 june 25 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Rathmann

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

14. Maiden name _____ 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Rathmann
(b) Address Mt. Vernon, Mo

17. (a) Burial (b) Date thereof Jan 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Ceme

18. (a) Signature of funeral director H. D. Fossetto
(b) Address Mt. Vernon, Mo

19. (a) 1-28-46 (b) OP Phelbree
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1946 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1946 to 1/22/46
that I last saw him alive on 1/22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis & Chr. Hypertension
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1318

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) _____
(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 Elizabeth Glover (M. D. or other) _____
Address Mt. Vernon, Mo Date signed 1/28/46

RECEIVED

District Health Officer No. 6;

District File Number 146-146

Date Filed FEB 26 1946

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.....

By Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Max L. Russell*

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.