

I: X37823

Registration District No. **4234**  
**FILED AUG 4 1946**

Primary Registration District No. **4234**  
Registrar's No. **11**

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

7-0

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron **47**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lenora Rasche

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1946 hour 11 minute 20 A. M.

4. Sex fem / 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Robert A. Rasche 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 18 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-16-46 19\_\_\_\_ to 7-18-46 19\_\_\_\_;  
that I last saw her alive on 7-18-46 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years <u>66</u>	Months <u>4</u>	Days <u>0</u>	If less than one day hr. _____ min. _____
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Immediate cause of death acute intestinal obstruct' on **1 mo.**  
neo-plasm **?**

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

Due to far advanced carcinoma of intestines **?**

10. Usual occupation at home

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

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

PHYSICIAN \_\_\_\_\_

12. Name Michael Spitzmiller

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

14. Maiden name Louisa Turnbeaugh

15. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy 46

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Rasche

(b) Address Gray Ridge Missouri

17. (a) burial (b) Date thereof 7-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons

(b) Address 125 White Ironton Missouri

19. (a) July 14 - 46 (b) Mrs. Aris Jones  
(Date received local registrar) (Registrar's signature)

23. Signature R. E. Harland (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Ironton, Missouri Date signed 7-23-46

RECEIVED

District Health Officer No. 4

District File Number 846-2432

Date Filed 8-8-46

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.