

S. No. 2  
M-8-43  
5-17-39  
X37823

29765

DEPARTMENT OF THE COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 30 1946** THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 313

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Gir  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South East mo. J  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 1 hr.  
(Specify whether  
In this community Entire life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Cape Gir 16  
(c) City or town Jackson 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wesley C. Rasche  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 16  
year 1946 hour 11 P minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 9-16-46 to 9-16-46  
that I last saw him alive on 9-16-46  
and that death occurred on the date and hour stated above.

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 Sept 4 1899  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Thrombosis with infarction  
Due to Coronary artery disease  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>0</u>	<u>13</u>	hr. _____ min.

Major findings:  
Of operations 94A  
Of autopsy \_\_\_\_\_

9. Birthplace near Jackson mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laboratory Tech  
11. Industry or business Dental office  
12. Name Henry G. Rasche  
13. Birthplace near Jackson mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Yvonne Denecke  
15. Birthplace near Goddsville mo. 0  
(City, town, or county) (State or foreign country)  
16. (a) Informant Dr. Albert Rasche  
(b) Address Cape Girardeau, mo.  
17. (a) Burial (b) Date thereof 9-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation First Mt. Church  
18. (a) Signature of funeral director H. G. Prueff  
(b) Address Jackson, mo.  
19. (a) 9-21-1946 (b) C. F. Sumner  
(Date received local registrar) (Registrar's signature)

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 Albert M. Estes (M. D. or other) mo  
Address Jackson mo Date signed 9-19-46

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4  
File Number 946-2672  
Filed 9-30-46

JAN 15 1958

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 Gene C. Craddock  
Licensed Embalmer No. 4327  
P. O. Address Jackson, 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.