

Registration District No. 224Primary Registration District No. 372Registrar's No. 206

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
305 E Yerby 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 Life _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME LOUIS JOHN RASSE3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mable Harrison Rasse
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased aug. 23 - 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Marshall Mo
(City, town, or county) (State or foreign country)10. Usual occupation Lawyer

11. Industry or business _____

12. Name Lorenz J. Rasse13. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)14. Maiden name Philippine Weber15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. L. J. Rasse(b) Address Marshall Mo17. (a) Burial (b) Date thereof 12-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation Ridge Park Cem. Marshall Mo18. (a) Signature of funeral director Hans Herberger(b) Address Marshall Mo19. (a) 12-13-46 (b) Mot. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 306 E Yerby 2
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1946 hour 12 minute 10 P M.21. I hereby certify that I attended the deceased from July 20
to Dec 13 1946that I last saw him alive on Dec 13 1946
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma Tongue 1 1/2 yrs.Due to unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: operated by
Dr. Adgett
Sept 45 and Nov 46 and 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 2(b) Date of occurrence 2(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 023. Signature M. D. or other Mo
Address Marshall Date signed 12/13/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-28-46

AUG 7 1948

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 Harry Hershberger
Licensed Embalmer No. 435-7
P. O. Address Marshall 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.