S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

619

State File No.

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 1

1. PLACE OF DEATH:

(a) County COLE
(b) City or town RURAL LIBERTY TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 3 JEFFERSON CITY, MISSOURI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26
(c) City or town RURAL LIBERTY TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 3 JEFFERSON CITY 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNARD FRANK RACKERS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife MARGARET BRUNS RACKERS
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased SEPTEMBER 29, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	12	hr. min.

9. Birthplace TAOS, MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name GERHARDT HERMAN RACKERS 0
13. Birthplace COLE COUNTY, MISSOURI
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name THRESSA ROST 0
15. Birthplace COLE COUNTY, MO.
(City, town, or county) (State or foreign country)
16. (a) Informant CLARENCE RACKERS
(b) Address R. R. # 3 JEFFERSON CITY, MO.
17. (a) BURIAL (b) Date thereof 1/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation TAOS, MISSOURI
18. (a) Signature of funeral director Sylvester Dulle
(b) Address JEFFERSON CITY, MO.
19. (a) 1-17-47 (b) R. P. Dorris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 11
year 1947 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June, 1946 to Jan 11, 1947
that I last saw him alive on Jan 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Coma	3 days
Due to Intracellular nephritis	
Due to arteriosclerosis	year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
131 A

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 0
23. Signature Leon Taylor (M. D. or other) MD 1-14-47
Address Jefferson City Date signed 1-14-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1954

JAN 9 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 17 1947

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 Sylvester Allen

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.