

Registration District No. 772

Primary Registration District No. 8034

1. PLACE OF DEATH:

Lafayette
(a) County: Lafayette
(b) City or town: Higginsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community two months. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette
(c) City or town: Higginsville
(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 Rosamond M Rahm Sanders

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex: F / 5. Color or race: White 6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November 7 1900 (Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Philipp Rahm

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

14. Maiden name: Cora Ann Conklin

15. Birthplace: Jonesburg Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Amelia Rahm (b) Address: Higginsville, Mo

17. (a) Burial (b) Date thereof: 9-4-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville, Mo.

18. (a) Signature of funeral director: Clayton H. Sandrum

(b) Address: Higginsville, Mo

19. (a) Sept 6 1947 (b) Clayton H. Sandrum (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1947 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from July 1947 to Sept 2 1947 that I last saw her alive on Sept 1-47 and that death occurred on the date and hour stated above.

Immediate cause of death: asphyxia Duration: 3 hrs Due to: Tuberculosis about 5 yrs

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: TB

Of autopsy:

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? (c) Means of injury

23. Signature: E. M. Moore (M. D. or other)

Address: Higginsville, Mo Date signed: 9-3-47

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

MOTHER: FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-18-47

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. ~~7358~~
working under my personal supervision.

Signed Forrest S. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.