

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15101
Registrar's No. 86

FILED MAY 7 1948

Registration District No. 324 Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
468 So. Ellsworth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 6 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William F. Rasa

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Smith Rasa 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 5 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	-	19	
			hr. min.

9. Birthplace Florence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business !! !!

MOTHER FATHER { 12. Name Frederick Rasa

{ 13. Birthplace Florence Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Rasa

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 4/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Bissney
(b) Address Manly, Mo.

19. (a) 4-27-1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1

(d) Street No. 468 So. Ellsworth 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from JAN
1948 to April 1948
that I last saw him alive on April 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) 0
Address Marshall Mo. Date signed 4-24-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-48

MAY 19 1948

SEP 12 1956

MAY 24 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.....

Licensed Embalmer No. 32350

P. O. Address. Marshall, W. Va.

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.