. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1948

State File No. 17088

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 137

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Barnard
(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 Lee Andrew Rasco
3. (b) If veteran, name war ✓
3. (c) Social Security No. No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dellie Edith
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov. (Month) 9 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Freemont Co. (City, town, or county) Iowa (State or foreign country)
10. Usual occupation farmer
11. Industry or business
12. Name Henry Rasco
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Lucinda Pearson
15. Birthplace Sidney (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Dellie E. Rasco.
(b) Address Barnard, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard, Mo.
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.
19. (a) 6-5-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 21, 1948, to May 28, 1948 that I last saw him alive on May 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Angiana Pectoris — Duration 2 yrs

Due to

Due to

Other conditions Cardio vascular trouble (Include pregnancy within 3 months of death) — Duration 1 yr

Major findings:
Of operations
Of autopsy 94 B

PHYSICIAN
Underline the cause of 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

23. Signature R. E. Ferguson (M. D. or other)
Address Maryville Mo. Date signed 5/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. M. Atkinson

Licensed Embalmer No. 3279

P. O. Address Maryville, 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.