

FILED JUL 27 1948

Registration District No. **251**

Primary Registration District No. **5855**

Registrar's No. **170**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Barnard - rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3 1/2 miles southwest**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Barnard - rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 1/2 miles southwest**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SARAH LAVINA RASNIC**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John B. Rasnic** 6. (c) Age of husband or wife if alive **dec. 23 - 1869** years (Day) (Year)

7. Birth date of deceased **Dec. 23 - 1869** (Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **21** If less than one day hr. min.

9. Birthplace **Lee Co. Virginia** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **James Burchett**

13. Birthplace **Lee Co. Virginia** (City, town, or county) (State or foreign country)

14. Maiden name **Jane Vandevanter**

15. Birthplace **Lee Co. Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lee Oliver**

(b) Address **Barnard, Missouri**

17. (a) **burial** (b) Date thereof **7/17/48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barnard Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville, Missouri**

19. (a) **7-17-48** (b) **Bess Hall** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1948** hour **4** minute **P. M.**

21. I hereby certify that I attended the deceased from **July 5**, 19**48**, to **July 14**, 19**48**, that I last saw **her** alive on **July 12**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Decompensation and Pulmonary Congestion; Coarctation & Malnutrition**

Due to **Parasite of Stomach and Multiple Arteritis**

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

Major findings: **Of operations**

Of autopsy: **H. L. B.**

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 **W.R. Johnson** (M. D. or other) _____
Address **Maryville, Mo.** Date signed **7/17/48**

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address.....

Maryville Mo

* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.