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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16251

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1115 W. Truman Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 4K
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 4
d. STREET ADDRESS (If rural, give location): 1115 W. Truman Road. 7 0

3. NAME OF DECEASED (Type or Print): a. (First) Lena b. (Middle) c. (Last) Rauh

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 7, 1863
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sanilac, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Hartman Rauh
13b. MOTHER'S MAIDEN NAME: Frederica Graves
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Fred W. Rauh, Independence, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES — Primary site unknown

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) X

DUE TO (c) X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* X

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION: X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* May 9, 1949, *to* May 21, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. T. Grabske, MD
23b. ADDRESS: Independence, Mo
23c. DATE SIGNED: 5/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/23/49
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
24d. LOCATION (City, town, or county) (State): Jackson County, Missouri

DATE REC'D BY LOCAL REG.: May 22, 1949
REGISTRAR'S SIGNATURE: James H. Gale
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Roland R. Speaks, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 0 1943

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Stanley M. Seaton

Signed .....
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.