MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12283

File No.

Registered No. 323

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2 m.

City: Springfield Mo. (Ward) St.

2. FULL NAME George Rauch

(a) Residence. No. Clay St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAY 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie A Rauch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-21-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1-59	3	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

PARENTS

10. NAME OF FATHER: Nicholas Rauch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Agnus Hirtsinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Fred Rauch
(Address): Billings Mo

15. FILED 4/29, 19 32 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28 1932

17. I HEREBY CERTIFY That I attended deceased from 4-24, 1932, to 4-28, 1932, that I last saw him alive on 4-28, 1932, and that death occurred, on the date stated above, at 6.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

8 Hrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. F. Armstrong, M. D.
(Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Wise Hills	19
20. UNDERTAKER	**ADDRESS**
A S Wallace	Billings Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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