REC'D SEP 21 1938

Dr. Callaway

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

228925
Do not use this space.

Registered No. 661

1. PLACE OF DEATH
(a) County Greene 1 Registration District No. 318
(b) Township Primary Registration District No. 2001
(c) City Springfield, Mo. (d) Street No. 725 S. Fremont St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

39 3 6

2. PRINT FULL NAME Dr. William J. Rabenau 157
(a) Residence, No. 725 S. Fremont St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grane Rabenau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1857

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aleganey City Pennsylvania

FATHER
13. NAME Henry Rabenau
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Annie Marie Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Grace Rabenau Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fordland, Mo. DATE Aug 28 1938

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED Aug 27 1938 Chas A George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to Aug 26, 1938
I last saw h. alive on Aug 25 1938. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis 131	—

Other contributory causes of importance:
Hemiplegia — about July 1, 38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Roy D Calloway, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

M. L. Conaday, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed M. L. Conaday

Licensed Embalmer No. 3434

P. O. Address Springfield M

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

If this body is not embalmed, above space should be left blank.