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

FEB 12 1940

2561
Do not use this space.

1. PLACE OF DEATH
(a) County IRON 2 Registration District No. 352
(b) Township Primary Registration District No. 4231 Registered No. 3
(c) City IRONTON (d) Street No. 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.

2. PRINT FULL NAME ROBERT ADOLPH RASCHE
(a) Residence, No. IRONTON MO 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 LENORA RASCHE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 2, 1882
7. AGE: YEARS 57 | MONTHS 4 | DAYS 25 | If LESS than 1 day, ✓ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. MERCHANT
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRONTON MISSOURI. 0

FATHER
13. NAME HENRY RASCHE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HESSE GERMANY 6 6

MOTHER
15. MAIDEN NAME MARGERET DINGER.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HESSE GERMANY.

17. INFORMANT (ADDRESS) MRS LENORA RASCHE IRONTON MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MASONIC GEM. DATE 1/29/40 2:00 PM
19. FUNERAL DIRECTOR (NAME) (ADDRESS) LEUCKEL FUNERAL SERV. IRONTON, MISSOURI
20. FILED Jan 29 1940 L. J. Effinger Local Registrar. 354

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27, 1940.
22. I HEREBY CERTIFY, That I attended deceased from 1/27, 1940, to 1/27, 1940
I last saw him alive on 1/27, 1940. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac failure	1/27/40.
92 C	
Other contributory causes of importance:	
~~[illegible]~~ influenza	1/23/40.
chronic myocarditis	

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no.
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? no
If so, specify
(Signed) R. E. Harland, M. D.
(Address) Ironton, 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, ...

....., or by .....,

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

Signed Geo. P. Leuckel

Licensed Embalmer No. 3475

P. O. Address Trenton 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, above space should be left blank.