

Registration District No. 326

Primary Registration District No. 5424

Registrar's No. 4

1. PLACE OF DEATH: GASCONADE
 (a) County GASCONADE
 (b) City or town RURAL BOEUF TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: OWENSVILLE ROUTE 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 46 YRS.
 In this community 46 YRS.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GASCONADE
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. OWENSVILLE ROUTE 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILHELMINA CAROLINA RACHERBAUMER
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 16
 year 1940 hour 10 minute 45 A. M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife WILLIAM RACHERBAUMER
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased DEC. 18 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 2
1939 to Feb 16 1940
 that I last saw her alive on Feb 15 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 1 Days 29
 If less than one day hr. _____ min. _____

Immediate cause of death Acute Bronchitis some tuberculosis
 Duration 27m
 Due to as not known

9. Birthplace DRAKE MISSOURI
 (City, town, or county) (State or foreign country)

Other conditions None
 (Include pregnancy within 3 months of death)

10. Usual occupation HOUSE WORK
 11. Industry or business _____
 12. Name HERMAN WINTER
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name JOHANNA WITTE
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Wm Racherbauer
 (b) Address OWENSVILLE ROUTE 1
 17. (a) BURIAL (b) Date thereof 2-19-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ST. JAMES EV. CEM.
 18. (a) Signature of funeral director DRAKE, MO
 (b) Address OWENSVILLE MO
 19. (a) 2-8-1940 (b) John Engelbrecht
 (Date received local registrar) (Registrar's signature)

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 John Engelbrecht (M. D. or other) 1
 Address Stony Hill Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1831

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 Milford W. Winter

Licensed Embalmer No. 3838

P. O. Address Quincy, 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.