

No. 2
1-10-30
17-30-31
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12650

APR 23 1940

State File No. _____

Registration District No. 846

Primary Registration District No. 6110

Registrar's No. 8

1. PLACE OF DEATH:

(a) County STONE
(b) City or town Union Twp
(c) Name of hospital or institution: Union Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days.

3. (a) PRINT FULL NAME ELIZABETH RAUCH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE race W 5. Color or _____ 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Geo Rauch (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 18 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 27 hr. min.

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name Benedict Rutter
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Rauch
(b) Address Billings Mo.

17. (a) Burial (b) Date thereof Mar 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director H. S. Wallace
(b) Address Billings Mo.
19. (a) April 1 1940 H. G. Shuman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CHRISTIAN
(c) City or town Billings Rural
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 66 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Friday
year 1940 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 18/1940
to March 14 1940
that I last saw her alive on March 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral of liver
Due to Chronic bronchitis
Due to Chronic myocarditis
Other conditions (Include pregnancy within 3 months of death) 4/6
Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 3
23. Signature R. W. Marshall (M. D. or other) 10
Address Billings, Mo. Date signed 3/16/40

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

RECEIVED

District Health Officer No. 6,

District File Number 440-1133

Date Filed APR 15 1940

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.....

Everett R. Head

Registered Apprentice No.

working under my personal supervision.

Signed

Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Billings, 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.