

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Washington Twp
 (c) Name of hospital or institution: 7842 Wornell K.C. Convelsent Home
 (d) Length of stay: In hospital or institution 3 Weeks
 In this community 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City, Volmes rd.
 (d) Street No. 5723 Holmes
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Minnie A. Rasch
 3. (b) If veteran, name war XX
 3. (c) Social Security No. no

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John Rasch 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 25 1862

8. AGE: Years 78 Months 8 Days 11 day If less than one day hr. _____ min. _____

9. Birthplace Florence Mass.

10. Usual occupation Home

11. Industry or business None

MOTHER FATHER
 { 12. Name Louis Otto
 { 13. Birthplace Unknown Unknown
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown Unknown

16. (a) Informant's own signature Mrs C. P. Thompson
 (b) Address 5723 Holmes

17. (a) Removal (b) Date thereof Jan. 7 40
 (c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood K.C. Mo.

19. (a) Jan. 7, 1940 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6th
 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1, 1939
 _____, 19____, to _____, 19____;
 that I last saw her alive on Jan-6- _____, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension
 Due to Old age
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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? _____
 (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 James Walker (M. D. or other)
 Address 1424 Profen Bldg Date signed Jan 6 40

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

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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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..... *Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *1500 Lincoln*

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.

21-40
X22859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-126

Registration District No. 404

Primary Registration District No. 5538

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Washington T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5723 Holmes
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Minnie A. Rasch

3. (b) If veteran, name war XX 3. (c) Social Security No. 200

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife John Rasch 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased apr 25- 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business none

12. Name Louis

13. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Thompson

15. Birthplace Washington
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. R. Thompson

(b) Address 3723 Holmes

17. (a) Removal (b) Date thereof Jan 7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville Ind

18. (a) Signature of funeral director Engle Funeral H

(b) Address 1800 Lehighwood K.C. Mo

19. (a) 6-10-40 (b) Mrs J. S. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 6 year 1940 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw her alive on Jan 6 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Hypertension
Due to old age

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where and injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(c) Means of injury _____

23. Signature James C Walker (M. D. or other) _____
Address 11. C. Mo Date signed _____

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

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

REPLACEMENT

