No. 2
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FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3799

Registrar's District No. 668 Primary Registration District No. 5894 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Rural Cedar Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: fifty-one years

2. USUAL RESIDENCE OF DEECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Route 4, Sedalia, Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mrs. Lucy Ann Raus
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Charles J. Raus
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May 7, 1850 (Month) (Day) (Year)
8. AGE: Years 90 Months 7 Days 29 If less than one day hr. min.
9. Birthplace: Granger County, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: William Rogers
FATHER 13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Melessia Bryant
MOTHER 15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bessie Wasson
(b) Address: Route 4, Sedalia, (daughter
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan. 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mr. Herman Cemetery Pettis County, Missouri
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) Jan. 8-41 (Date received local registrar) (b) Mrs. Harry Smeed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1941 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 5 1940 to Jan. 6 1941 that I last saw her alive on 29 Dec. 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility without Senile Dementia	8 months
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature: W. E. Bess (M. D. or other)
Address: Sedalia Mo. Date signed 1-8-1941

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bess
210½ South Ohio

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-41

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia Mo

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

If this body is not embalmed, fact should be so stated above.