

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Calloway
State File No. 17799
Registrar's No. 378

FILED JUN 12 1941
318

Registration District No. _____

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Papst. Hosp. ()
(If 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 William F. Rau
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive XX years
7. Birth date of DECEASED: Feb 14 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Rau

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant A. J. Locke
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof May 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-6-41 (b) W.E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar SO
(c) City or town Stockton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 6 minute 20 a.m.

21. I hereby certify that I attended the deceased from 4/23
1941, to 5-4 1941;
that I last saw him alive on 5/3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 wk

Due to _____

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 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 Ray Hallaway (M. D. or other) 0

Address Springfield Mo Date signed _____

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

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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield Ma*

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, fact should be so stated above.