No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24461
State File No.

Registration District No. 66 Primary Registration District No. 4038 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town Lutesville
(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 1 (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Calif. (b) County Los Angeles 999
(c) City or town Los Angeles 84
(If outside city or town limits, write "RURAL") 0
(d) Street No. 814 N. Rampart
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Linda Susan Rauls
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced ***** 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 11 (Day) 1941 (Year)

8. AGE: Years | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Los Angeles (City, town, or county) Cal. 1 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Elmer S. Rauls
13. Birthplace Marquand (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Mary Rhodes
15. Birthplace Tulsa (City, town, or county) Olk. 1 (State or foreign country)
16. (a) Informant Elmer S. Rauls
(b) Address 814 N. Rampart Los Angeles, Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Marquand, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. T. E. Graham
19. (a) Aug. 1 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~26th~~ 27
year 1941 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death No medical attendance	
Due to N. M. D.	
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? Died on way to Phy. office (Specify type of place)
While at work? — (e) Means of injury ?
23. Signature T. E. Graham (M. D. or other) Coron
Address Lutesville, Mo. Date signed 7/28/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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