DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6882

Registration District No. 1821 Primary Registration District No. 5682 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Linn
(b) City or town North Salem Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 mi N of Shelby
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi N of Shelby
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 540 years.

3. (a) PRINT FULL NAME FRANK J. RAUER
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Ann Smith
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 24, 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Vienna (City, town, or county) Austria 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Carl Rauer
13. Birthplace — Austria 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary
15. Birthplace — Austria 4 (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ray Rauer
(b) Address North Salem, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Garner Cemetery
18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo
19. (a) Feb. 22 (Date received local registrar) (b) Mrs Guy Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1943 hour 12 minute 35 p.m.
21. I hereby certify that I attended the deceased from November 10, 1939 to February 20, 1943 that I last saw him alive on February 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Chronic Arterial Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. H. Throegu (M. D. or other) DO
Address Purdin, Mo Date signed 2/24/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 H B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.