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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42192

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pacific
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town Pacific, Mo. 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Santo

3. (b) If veteran, name war No.

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Steve Santo

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 27, 1888 (Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Csanad Megye Mako, Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Michael Rackocy
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Harcsas
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. G. Weiss

(b) Address Richmond Heights, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation N. Sts. Peter & Pauls - St. L. Co.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) Dec. 13/43 (Date received local registrar) (b) Claude C. Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1943 hour 10 minute 30 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.

Immediate cause of death Came to her death

Due to by parties or party unknown

Due to Beaten to death with

Other conditions Brass knuckles, meat
(Include pregnancy within 3 months of death)
cleaver & glass

Major findings:
Of operations Bottles

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

67

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence December 12, 1943

(c) Where did injury occur? Pacific Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm
(Specify type of place)

While at work? ✓ (e) Means of injury Murder

23. Signature Ernst L. Oltman (M. D. or other) coroner

Address Gerald, Missouri Date signed 12/13/43

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(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 with the above constitutes grounds for revocation of license.)

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