

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

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Sikeston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sikeston General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid 72
 (c) City or town Morehouse (If outside city or town limits, write "RURAL") 3
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME CORA K. RAUCH

3. (b) If veteran, name war: _____ 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 Fred B. Rauch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 11, 1875
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-22 1946 to 5-22 1946 that I last saw h. ex alive on 5-22 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 3 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: Walton (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation at home

Immediate cause of death: Coronary Heart Disease Duration 1 Day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Olives Kesslering

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

14. Maiden name Katherine Parabaker

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

Major findings: Of operations PH

Of autopsy _____

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

16. (a) Informant F. B. Rauch
 (b) Address Morehouse Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (Month) (Day) (Year)
 (c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh of Home
 (b) Address Sikeston Mo

19. (a) 9/27/46 (Date received local registrar) (b) Mrs. J. F. Henry (Registrar's signature)

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 J. M. Dano (M. D. or other) JD
 Address Morehouse Mo Date signed 8/1/46

DEC 5 1947

RECEIVED
District Health Office No. 2
District File Number 946-1163
Date Filed 9-28-46

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 Raymond Caws
Licensed Embalmer No. 3467
P. O. Address Sikeston 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, fact should be so stated above.