No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14213

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
~~XXXXX.~~ Levering Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Mo. R.F.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Saltriver Township (Rural) 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Katherine Barbara Rauh.

3. (b) If veteran, name war

3. (c) Social Security No. 495-30-2873.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July, 29, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	8	16	hr. min.

9. Birthplace Ralls County, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation School Teacher.

11. Industry or business School.

FATHER
12. Name Hohn Rauh. 0
13. Birthplace Hannibal, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Manley.
15. Birthplace Bath Co, (City, town, or county) Kentucky! (State or foreign country)

16. (a) Informant John Rauh.
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lickcreek Cemetery. Perry, Mo.

18. (a) Signature of funeral director Clyde L. Wilson
(b) Address Perry, Mo.

19. (a) 5-6-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 16th, year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from April 14, 1947, to May 16, 1947, that I last saw her alive on April 16, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days
Due to Generalized Carcinoma	
Due to Carcinoma of left Breast	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. L. Murphy (M. D. or other) MD

Address Hannibal, Mo. Date signed 4/18/47

(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 John F. Ellis, Registered Apprentice No. 494 working under my personal supervision.

Signed Clyde C. Willey

Licensed Embalmer No. 3820

P. O. Address Troy 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.