

No. 2  
-1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 26 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5749

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 17

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Rolla  
(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 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Rolla (If outside city or town limits, write "RURAL")  
(d) Street No. 303 Park St (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Fred S. Rasey  
(b) If veteran, name war: -- (c) Social Security No. --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 18 year 1948 hour 10 minute 00 P. M.

4. Sex Male (c) 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Naomi Stephenson 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased January 21 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1947 to Feb 18 1948 that I last saw him alive on 2/18/48 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Duration

8. AGE: Years Months Days If less than one day  
79 0 27 hr. min.

Due to  
Due to

9. Birthplace Fond du Lac Wisconsin (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired  
11. Industry or business Farmer

Major findings: Of operations: Of autopsy: Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Wesley Rasey  
13. Birthplace Beloit Wisconsin (City, town, or county) (State or foreign country)

{ 14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Snell  
(b) Address 107 E. 4th, Rolla, Missouri

17. (a) Burial (b) Date thereof Feb 21, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla

18. (a) Signature of funeral director Smith-Holloway (b) Address Rolla, Missouri

19. (a) 2-20-48 (b) Nadine L. Stall (Date received local registrar) (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 H.N. Davison (M. D. or other) Address Rolla Mo Date signed 2/18/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
FEB 25 1948

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 2-24-48

AUG 26 1948

FEB 28 1948

MAR 11 1948

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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 \_\_\_\_\_

*J. S. Holloway*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

**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.**