. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 6 1948
Registration District No. 82

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11954
Primary Registration District No. 3017
Registrar's No. 53

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex Van Ravenswaay (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COOPER 27
(c) City or town BOONVILLE (If outside city or town limits, write "RURAL") 2
(d) Street No. 210. Mc. ROBERTS (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MARY JANE RASTORFER
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 WIDOWED
6. (b) Name of husband or wife BERT RASTORFER
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased OCT (Month) 18 (Day) - 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	5	28	hr. min.

9. Birthplace ROCKY MOUNT (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name GEORGE Mc: KINLEY
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MaLISSIA WOOD
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant MRS SARAH TURPIN
(b) Address BOONVILLE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE CEM
18. (a) Signature of funeral director Goodman & Bolki
(b) Address Boonville Mo.
19. (a) 4-19-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3 x 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15 year 1948 hour 9:00 minute AM M.
21. I hereby certify that I attended the deceased from May 24, 1946 to April 15, 1948 that I last saw her alive on April 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Spinal Cord	2 years
Due to Carcinoma of Pleura R. Side Mediast.	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN
Underline the cause of 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 0
23. Signature Alexin Ravenswaay (M. D. or other)
Address Boonville Mo Date signed 4.17.48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-48

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 William N. Wood, Registered Apprentice No. 480, working under my personal supervision.

Signed J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville 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.