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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4860

Registration District No. 52 Primary Registration District No. 3009 5183 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural (Byrd Twp) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile East Jackson, Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Gir
(c) City or town Rural (Byrd Twp) (If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location.)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA D RASCHE
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 M
6. (b) Name of husband or wife Alfred Rasche
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec 29 1891 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	1	21	hr. min.

9. Birthplace Near Gordonville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hwf
11. Industry or business
FATHER 12. Name William H Deneke
13. Birthplace Near Gordonville (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Sophia Sander
15. Birthplace Near Jackson (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Alfred H. Rasche
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Methodist Church
18. (a) Signature of funeral director S. G. Crump
(b) Address Jackson, Mo.
19. (a) 2-23-46 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 7 minute A M.
21. I hereby certify that I attended the deceased from 1-31 1946, to 2-20 1946
that I last saw her alive on 2-20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation
Due to (1) Chronic Myocarditis
Due to (2) Hypertensive heart disease
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations —
Of autopsy — 93d

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? — (Specify type of place)
While at work? (e) Means of injury —
23. Signature Allison M. Estes (M. D. or other) MD
Address Jackson Mo Date signed 2-22-46

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

3882

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number: 346-1868
Date Filed 3-12-46

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.

No. 2B
—3-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 52 Primary Registration District No. 5183 Registrar's No.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural (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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma D. Rasche
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 29 1891 (Month) (Day) (Year)
8. AGE: Years 54 Months 1 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 20 year 1946 hour minute 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 | Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

3882

4860