

may be properly classified under the International Classification of Causes of Death

NOTE INSTRUCTIONS ON OTHER SIDE

DEPARTMENT OF COMMERCE Bureau of the Census		Standard Certificate of Death		State File No. 20291	
STATE OF ALABAMA				Registrar's No.	
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED			
County <u>Cullman</u> <u>2201012</u> <u>38000</u> Beat No.		State <u>Alabama</u> <u>3201000</u>			
City or Town <u>Cullman</u> (If outside corporate limits of city or town write RURAL)		County <u>Cullman</u> Beat No. <u>1</u>			
Street address <u>Cullman Hospital</u> (If in hospital or institution, give name only)		City or Town <u>Rural</u> (If outside corporate limits of city or town write RURAL)			
Length of stay in place of death <u>Life</u> (Specify in years, months and days)		Street address <u>Cullman #5</u> (If rural, give R. F. D. and Box No.)			
3. (a) FULL NAME <u>Jessie Wiley Rasco</u> <u>200</u>		If Foreign Born _____ How Long in U.S. _____ Yrs.			
3. (b) If veteran name war <u>N</u>		3. (c) Social Security No. <u>N</u>			
4. Sex <u>M</u>		5. Color or Race <u>W</u>			
6. (a) Single, widowed, married, divorced <u>Married</u>		6. (b) Name of husband or wife <u>Lula Scruggs Rasco</u>			
6. (c) Age of husband or wife if alive <u>71</u> years		20. Date of death: Month <u>Nov</u> day <u>2</u> year <u>46</u>			
7. Birth date of deceased (Month) (Day) (Year)		21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____			
8. AGE: Years <u>76</u> Months <u>8</u> Days <u>15</u> If less than one day hr. min.		that I last saw him alive on _____, 19____ and that death occurred on the date stated above at <u>7:05</u> A.M.			
9. Birthplace <u>Cullman Ala</u> (City, town, or county) (State or foreign country)		Immediate cause of death <u>Coronary Arteriosclerosis</u>			
10. Usual occupation <u>Farming</u>		Due to _____			
11. Industry or business <u>Agriculture</u>		Other conditions <u>Hemiparesis</u> (Include pregnancy within 3 months of death)			
12. Name <u>L. J. Rasco</u>		Name of operation <u>94</u>			
13. Birthplace <u>Ala</u> (City, town, or county) (State or foreign country)		Date of operation <u>832</u>			
14. Maiden name <u>L. Elizabeth Dye</u>		MAJOR FINDINGS: On operation _____			
15. Birthplace <u>Ala</u> (City, town, or county) (State or foreign country)		At autopsy _____			
Informant's signature <u>L. J. Heitmuller</u>		22. If death was due to external causes, fill in the following:			
Address <u>Cullman Ala #5</u>		(a) Accident, suicide, or homicide (specify) _____			
(Burial, cremation, or removal) <u>Burial</u> Date _____		(b) Date of occurrence _____			
17. Place: burial or cremation <u>Cullman Cemetery</u>		(c) Where did injury occur? (City or town) (County) (State) _____			
Name of Undertaker <u>Moss Service</u>		(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____			
Address <u>Cullman Ala</u>		While at work? (a) Means of injury _____			
19. (a) <u>Nov-3/45</u> (b) <u>Mrs. E. H. Shepperd</u>		23. Signature <u>[Signature]</u> (M. D. or other) _____			
(Date received and Registrar's signature)		Address <u>Cullman Ala</u> Date Signed _____			