FEDERAL SECURITY AGENCY
U. S. P. H. S.
National Office of Vital Statistics

Washington State Department of Health

PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

State File No. 20001

Registrar's No. 391

1. PLACE OF DEATH:
(a) County Whatcom
(b) City or town Bellingham (If outside city or town limits, write RURAL)
(c) Name of hospital or institution 1509 E. Victor St., Needham's (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 3 mo (Specify whether)
In this community (Years, months or days) 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Whatcom
(c) City or town Bellingham (If outside city or town limits, write RURAL)
(d) Street No. 2120 Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3. (a) FULL NAME Adam Rauch
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered:
Rank Period of service
3. (c) Social Security Number No

4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice V.
6(c) Age of husband or wife if alive years
7. Birth date of deceased July 19, 1867 (Month) (Day) (Year)
8. AGE: Years 81 | Months 4 | Days 5 | If less than one day hr. min.
9. Birthplace (City, town or county) Germany (State or foreign country)
10. Usual occupation Retired Railroad Man
11. Industry or business G.N.R.R.
Father 12. Name Unk.
13. Birthplace (City, town, or county) Germany (State or foreign country)
Mother 14. Maiden name Unk.
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature Henry Rauch
(b) Address Bellingham, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lynden
Marlow-Hollingsworth, Inc.
18. (a) Signature of funeral director Dee Hayes
(b) Address Bellingham, Washington
19. (a) NOV 26 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Nov. day 24
year 1948 hour 6 minute 35 pm
21. I hereby certify that I attended the deceased from November, 1946 to November 2, 1948; that I last saw him alive on November 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

Physician: Underline the cause to which death should be charged statistically. 93D

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 [signature] (M. D. or other)
Address Bellingham, Wash. Date signed