

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38079
Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jaw Primary Registration District No. 1002
 (c) City Jackson City (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 553 Stonewall St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maxine Rhiner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1913
 7. AGE YEARS 25 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Checker
 9. Industry or business in which work was done, as saw mill, bank, etc. Brandy Trade
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Verne Rhiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Bertha Archer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mr. Verne Rhiner 1813 E 67 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 5 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer 1100 Park & 1st

20. FILED Nov. 4 1938 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938, to Nov 3 1938

I last saw him alive on Nov 3 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerulo-Nephritis 1933
131
 Other contributory causes of importance: Atherosclerosis 1933

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Arthur L. Hearsh, M. D.
 (Address) 1100 Park & 1st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. *Robert J. Hensel*
Prof 7th 3177
12:30 - 4:

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..... *Lawrence Carr*

Licensed Embalmer No. *4031*

P. O. Address

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, above space should be left blank.