

RECORDED MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15529
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 566
(b) Township Lynn Primary Registration District No. 3030
(c) City Charleston (d) Street No. _____ 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 36

2. PRINT FULL NAME

(a) Residence, No. 404 N. Heggie St. St. _____
(Usual place of abode if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th 1877
7. AGE YEARS 61 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Chicago Illinois (STATE OR COUNTRY)

13. NAME Edward Rien
FATHER

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Blissie Miesner
MOTHER

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

17. INFORMANT Mrs. Lela Yates (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery GATE 415 No. 39

19. FUNERAL DIRECTOR (NAME) Frank Van Landers (ADDRESS) Charleston Mo.

20. FILED 4-7-39 F. J. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH 1:20 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1939 to Apr 4 1939
I last saw h. E. R. alive on Apr 3 1939 Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset D.K.
H.S.

Other contributory causes of importance: Cardiovascular renal disease D.K.

Name of operation in situ Date of _____
What test confirmed diagnosis? Cl. Sympt. (Were an autopsy? no)

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 of injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Clara Toluenig M. D.
745 (Address) Charleston Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEE I 114023

APR 15 1951

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,

Thomas E Bass

....., or by

Registered Apprentice No. working under my personal supervision.

Signed

Thomas E Bass

Licensed Embalmer No. *3977*

P. O. Address

Charleston 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, above space should be left blank.