REC'D AUG 22 1939

Albert Decker
Calvary 8/16/39

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

24916
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain — Registration District No. 26
(b) Township ~~Salt River~~ — Primary Registration District No. 3002 — Registered No. 122
or
(c) City Mexico — (d) Street No. Audrain County 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 George M. Rischar
(a) Residence, No. 260 Quincy, Ill 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: 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: Mildred Rischar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22, 1907

7. AGE: Years 31 — Months 8 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Oil Refinery
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Quincy, Ill. 1

FATHER
13. NAME: Albert Rischar 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Anna Koetters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Ill.

17. INFORMANT (ADDRESS): Robert Rischar, Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy, Ill Calvary Cemetery DATE 8/12/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. Arnold Jr., Mexico, Missouri

20. FILED Aug 12, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

Coroners Case.
Automobile Accident
Collision with Bridge

Date of onset

Other contributory causes of importance:

210 M

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-11-1939
Where did injury occur? Highway
(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
(Signed) B M Marlow Coroner, M.D.
23 (Address) Audrain County

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/19/37

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: Chas Arnold Jr, Registered Apprentice No. ..... working under my personal supervision.

Signed Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.