No. 2
10-39
7-39
K21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25599

State File No.

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 91

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 48 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Bampbell
(If outside city or town limits write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Edward Riehemann 550
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aurelia Jemoyer Riehemann
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 9th (Month) 1882 (Day) (Year)

8. AGE: Years 58 Months Days 21 If less than one day ... hr. ... min.

9. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business X
MOTHER FATHER
12. Name Frank Riehemann
13. Birthplace Unknonw (City, town, or county) Germany (State or foreign country)
14. Maiden name Theresia Kaiser
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant E. McMichael Record Clerk
(b) Address Missouri State Sanatorium
17. (a) July 30 1940 (Burial, cremation, or removal) (b) Date thereof 7-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Campbell Mo
18. (a) Signature of funeral director Geo B Ed
(b) Address Mt Vernon Mo
19. (a) July 30-40 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature) 1121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1940 hour 6:50 minute A M.
21. I hereby certify that I attended the deceased from June 13th, 1940 to July 30, 1940 that I last saw him alive on July 30th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death For Advanced Pulmonary Tuberculosis — Duration One year
Due to
Due to
Other conditions Tuberculous laryngitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature James L Crain (M. D. or other) M.D.
Address Mo State Sanatorium Date signed 7-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 840-2419
Date Filed AUG 07 1940

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill

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

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