

EMER MAR 19 1944

726

Primary Registration District No. _____

4432

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME JACOB M. RISSMILLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of ~~husband~~ or wife Ada Welda Rissmiller 6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ralls County - - - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name David Rissmiller
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Magdaline Muffly
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Rissmiller
(b) Address New London, Mo.

17. (a) Byrial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salern Cemetery

18. (a) Signature of funeral director A. B. Broun

(b) Address New London, Mo.

19. (a) 2/23/1944 (b) Blanche Megowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? Lifetime years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 41 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from Feb 13
1941, to Feb 13, 1941;

that I last saw him alive on Feb 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli
myocardial & respiratory failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature E. J. Gleske (M. D. or other) MD

Address New London Date signed 2/23/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-487

Date Filed MAR 8 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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