

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town DAVIS
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
years, months or days

8. (a) PRINT FULL NAME EMMA DORTHY CATHERINE REITH

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN H. REITH 8. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased OCT 4 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 11 If less than one day hr. _____ min. _____

9. Birthplace ALMA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name CHARLES MEYIUS

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name HATTIE SCHROEDER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant ERIN REITH

(b) Address CORNER MO.

17. (a) BURIAL (b) Date thereof APRIL 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY

18. (a) Signature of funeral director E. J. JAMES

(b) Address CONCORDIA MO.

19. (a) April 30-41 (b) Tippie Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town RURAL CORNER MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles South and East Corner
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15
year 1941 hour about 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
Coroner's Case

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death suicide by driving
car over embankment (road)
Due to (jumped into well)
Due to _____

Other conditions Insane
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 164
Of autopsy _____
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) Suicide

(b) Date of occurrence 4-15-41

(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? 413

(e) Means of injury _____ (Specify type of place)

23. Signature W. E. Martin (M. D. or other) 3

Address Odesa Mo Date signed 4-17-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-41

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Concordia 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.