

DEC 29 1941

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

41488

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 105  
(b) Township Antelope Primary Registration District No. 515-5 Registered No. 25-0  
(c) City Roadsville mo (d) Street No. 1  
(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 John Fritz Rehms

(a) Residence, No. Roadsville mo Rural St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 74  
HUSBAND OF Elizabeth Ann Rehms  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7th-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
74 I 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Washington, Mo.13. NAME John Henry Rehms14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany.15. MAIDEN NAME Freda S. Ramsey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown German.17. INFORMANT (ADDRESS) Mrs. Vernon E. Rehms Mexico, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patricks, Ch. Nov 19th 1941  
Near Roadsville, Mo.19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Williamson Americus, Mo.20. FILED 11-19 1941 W. H. Williamson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 194122. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1941, to Nov 17, 1941.I last saw him alive on Nov 16, 1941. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Stroke (Cerebrovascular)

Date of onset

Other contributory causes of importance:

High Blood Pressure (Hypertension)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. G. Oberstrom, M. D.(Address) Roadsville 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.

MARGIN RESERVED FOR BINDING

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**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.

**This body was not embalmed**

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**