S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10717

Registration District No. 297 | Primary Registration District No. 3016 | Registrar's No. 27

036 6 2

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

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City ~~or town~~ WASHINGTON Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 — HIGH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 Year

2. USUAL RESIDENCE OF DECEASED: 036 00
(a) State MISSOURI (b) County FRANKLIN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR NEW HAVEN
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA RIECHERS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 1
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife HENRY RIECHERS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 9 (Day) 1879 (Year)
8. AGE: Years 62 Months 7 Days 4 If less than one day hr. min.
9. Birthplace NEW HAVEN (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER 12. Name WILLIAM KAPPELMANN
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name LOUISA SHOEMAKER
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert Brune
(b) Address New Haven Mo
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ BOEUF CEMETERY
18. (a) Signature of funeral director L. C. FERTIG & SON
(b) Address NEW HAVEN Mo
19. (a) Mar. 16 42 (Date received local registrar) (b) Lucile Rutter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, 1942
year hour 5 PM minute M.
21. I hereby certify that I attended the deceased from Oct. 1941, 19 to Mar. 13, 1942;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease — Coronary thrombosis, chronic nephritis,
Due to Arteriosclerosis
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.

1310

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? (Specify type of place)
While at work? (g) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Washington, Mo. Date signed 3/16/42

1181

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Fiesteg

Licensed Embalmer No. 3385

P. O. Address Green Haven Md

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, fact should be so stated above.