. No. 2
—1-4-41
5-17-39
P1 X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 8268

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11588

Primary Registration District No. 5891

Registrar's No. 96

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Rural Flat Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Fork RFD 1
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Spring Fork
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: O

3. (a) PRINT FULL NAME: MINNIE P. RIECKE
3. (b) If veteran, name war .....
3. (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: Max Riecke
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Dec - 16 - 1876 (Month) (Day) (Year)

8. AGE: Years 65 | Months 2 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Spring Fork (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: .....
FATHER
12. Name: George Dump
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Crawford
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Vera Brown
(b) Address: R1 - Sedalia, mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 - 11 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Park
18. (a) Signature of funeral director: Geo Dillard
(b) Address: Sedalia, mo.
19. (a) 3/10/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Jan 1, 1939 to 3-7- 1942 that I last saw her alive on 3-6- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Brights disease	
Due to	
Due to	
Other conditions (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: [illegible] (M. D. or other) MD
Address: Cole Camp Mo Date signed 3-8-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 4-10-42

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 Geo Dicard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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, fact should be so stated above.