. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18277

State File No.

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 66

51
2
2

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 2
(c) City or town Warrensburg Rural Kimpson 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Reifschneider
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Katherine Reifschneider
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sep (Month) 12 (Day) 1858 (Year)

8. AGE: Years 83 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Darmstadt (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Jacob Reifschneider
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)
16. (a) Informant Mrs. Merwin Drews
(b) Address Knobnoster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Mo.
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo.
19. (a) May 28, '42 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 8:50 minute P. M.
21. I hereby certify that I attended the deceased from June, 1941, to May 27, 1942
that I last saw him alive on May 27, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	1 day
Due to similarly	
Due to and generalized arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

97

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature O. H. Dannon Md. (M. D. ~~or other~~)
Address Warrensburg Mo. Date signed 5/26/42

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-3-42

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 Earl Priest, Registered Apprentice No. working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 38718

P. O. Address Warrensburg 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.