S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30176

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 204

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Freeburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ (Yes or No)
If yes name country 1

3. (a) PRINT FULL NAME Joseph Rehagen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 31 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 40 hr. 35 min.

9. Birthplace Freeburg (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Aloysius Rehagen
13. Birthplace Osage (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Rosa Boes
15. Birthplace Osage (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Aloysius Rehagen
(b) Address Freeburg, Mo

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 9-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg Mo.

18. (a) Signature of funeral director Aloysius Rehagen
(b) Address Freeburg Mo.

19. (a) 9-2-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1942 hour 9 P.M. minute — M.

21. I hereby certify that I attended the deceased from Sept 1, 10 A.M. 1942 to Sept 1, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

130

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

23. Signature J. B. Krause (M.D. or other)
Address Jefferson City Mo Date signed 9-1-42

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(Licensed Embalmer's Statement on Reverse Side) Per P. J. Lauris (S. J. Lauris)

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.

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, fact should be so stated above.