

FILED JAN 9 1943

State File No. _____

Registration District No. 277

Primary Registration District No. 4408

Registrar's No. 421

I. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREDA RICKAMUNSTEMAN

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 widowed

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 16-1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Stone Mountain Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Heisneger

13. Birthplace Berwyn Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emelia Rejzender

15. Birthplace Berwyn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Muriel Young

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton

18. (a) Signature of funeral director U. F. Neisneger

(b) Address Smithton Mo

19. (a) 12-28-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis Mo
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1942 hour 11 minute PM

21. I hereby certify that I attended the deceased from Dec 26
1942 to Dec 26, 1942
that I last saw her alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 33a

Of autopsy _____

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 work) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Smithton Mo Date signed 1/1/43

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

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MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 1 1943

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 _____

working under my personal supervision.

Signed _____

_____, Registered Apprentice No. _____

Licensed Embalmer No. 3912

P. O. Address Smithton Pa

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.