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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42262

State File No.

FILED DEC 10 1942

Registration District No. 3 0 3 — Primary Registration District No. 6236 — Registrar's No. 23

1. PLACE OF DEATH:
(a) County WARREN
(b) City or town RURAL CHARRETT
(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 years, months or days)
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WARREN 109 0
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 MILES S.E. of MARTHASVILLE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EUGENE HERMAN REISKAMP
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 MARRIED
6. (b) Name of husband or wife WIFE CHRISTINE RIESKAMP
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased FEB (Month) 17 (Day) 1880 (Year)

8. AGE: Years 62 Months 8 Days 26 If less than one day hr. min.

9. Birthplace PORT HUDSON MO (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business MERCHANT
FATHER 12. Name HERMAN REESKAMP
13. Birthplace DUTZOW MO (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name WILHELMINE BRESAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Christine Rieskamp
(b) Address Marthasville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FRANCIS BORGIA
18. (a) Signature of funeral director Fred W. Leatherberry
(b) Address Marthasville Mo
19. (a) Nov. 14, 1942 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th year 1942 hour 5 minute 30 a.m.
21. I hereby certify that I attended the deceased from Feb 10, 1942 to Nov 13, 1942 that I last saw him alive on Nov 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	9 months
Due to Hypertension	15 years
Due to Hyper blood pressure	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. C. Johnson (M.D. or other)
Address Marthasville Mo Date signed 11/13/42

1263 (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 Fred W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martharville, 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.