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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 118

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2187

State File No.

Primary Registration District No. 5439

Registrar's No. 23

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL Gasconade Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or institution~~ In this community 1 YR. 6 MO (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. OWENSVILLE ROUTE
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) No

If yes, name country —

3. (a) PRINT FULL NAME HENRY REHMERT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA REHMERT

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JUNE (Month) 29 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 16 If less than one day ... hr. ... min.

9. Birthplace OWENSVILLE (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name FRED. REHMERT
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MINNIE BRINKMAN
15. Birthplace BAY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GEO. REHMERT
(b) Address OWENSVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SALEM CEM. OWENSVILLE MO.

18. (a) Signature of funeral director W. F. Gattenstreter
(b) Address Owensville Mo.

19. (a) 1-18-43 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1943 hour ... minute ... M.

21. I hereby certify that I attended the deceased from 12-16, 1942 to 1-15, 1943; that I last saw him alive on 1-14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 dys.
Lower Lobes.	
Due to Right Hemiplegia Due To Cerebral Hemorrhage	5 wks.
Due to Hypertension	3 yrs.
Arteriosclerosis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 Paul A. Bernard (M. D. or other) M.D.

Address Owensville, Mo. Date signed 1-16-43

1287

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. White

Licensed Embalmer No. 3838

P. O. Address Owensville 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.