

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1943

Registration District No. 362

Primary Registration District No. 1236

Registrar's No. 2

1. PLACE OF DEATH:

(a) County WARREN
(b) City or town MARTHASVILLE MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chanette Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 yr 9 m 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MILES NORTH of Marthasville Mo
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN FREDRICH RETTKE

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

7. Birth date of deceased APRIL 7 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 8 hr. min.

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

10. Usual occupation FARMER

11. Industry or business.....

12. Name JOHN RETTKE

13. Birthplace GERMANY #
(City, town, or county) (State or foreign country)

14. Maiden name LIZETTA SCHROEDER

15. Birthplace GERMANY #
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Rettke

(b) Address 77 Marthasville, Mo

17. (a) (Burial, cremation, or removal)..... (b) Date thereof Jan 18 1943
(Month) (Day) (Year)

(c) Place: burial or MARTHASVILLE MO

18. (a) Signature of funeral director Fred W. Lichtenberg

(b) Address Marthasville Mo

19. (a) Jan 18, 1943 (b) Ethel Kehe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1943 hour 2 minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Angina Pectoris

Due to Atherosclerosis

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

Major findings: Of operations.....

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? yes (Specify type of place) (e) Means of injury.....

23. Signature D. G. B. King (M.D. or other).....

Address Warrens Date signed Jan 15

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

1263

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 Frederick W. Leichtenberg
Licensed Embalmer No. 1321
P. O. Address: Martha'sville, 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.