

FILED MAY 18 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2044

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

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Weavers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mariah Hannah Rinehart  
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 George M. Rinehart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 11 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>29</u>	hr. _____ min.

9. Birthplace Bellville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Raymond H. Aquart  
13. Birthplace West Indies Islands  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah K. Ackerman  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rinehart  
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 4-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri

19. (a) 4-13-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Miller  
(c) City or town Eldon "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Saline Township  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10  
year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from March 1942 to April 10 1943.  
that I last saw her alive on April 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Clerosis Duration 2 hrs.  
Due to Chronic Nephritis 5 yrs.

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. L. Shelton (M. D. or other) \_\_\_\_\_  
Address Eldon Date signed 4-13-43

RECEIVED

Miller County Health Dep't.

County File Number 43-37

Date Filed 5-8-43

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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.....

Louis D. Phillips

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**