

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 180

Primary Registration District No. 5673

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution:  
5 miles S.W. of Winfield  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

(d) Street No. 5 miles S.W. of Winfield  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME DOROTHEA RAHMEIER

3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
4-2, 1943, to 7-27, 1943

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

4. Sex Female / race W

5. Color or race W

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

6. (b) Name of husband or wife Henry Rahmeier

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

7. Birth date of deceased October 24, 1846  
(Month) (Day) (Year)

Immediate cause of death myocarditis (chronic)

Due to aged age

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:  
Of operations.....

Of autopsy.....

Duration 93d

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

96 9 3 hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Richter

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

14. Maiden name.....

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

16. (a) Informant Paul H. Rahmeier

(b) Address 4229 Red Bud - St. Louis

17. (a) Burial (b) Date thereof 7-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical - Old Monroe

18. (a) Signature of funeral director W. J. ...

(b) Address Winfield Mo.

19. (a) July 28-43 (b) ...  
(Date received by local registrar) (Registrar's signature)

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 ... (M. D. or other) M.D.  
Address Old Monroe, Mo. Date signed 7/29/43

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

5700

1155

(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.....

*O. G. Schubert*

Licensed Embalmer No. ....

P. O. Address.....

*4012  
Winfield, 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.