No. 2
4-13-40
5-17-39

FILED SEP 10 1943

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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

State File No. 28666

Registration District No. 179 Primary Registration District No. 5669 Registrar's No.

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town RURAL (HAWK POINT TWP)
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 57
(a) State MISSOURI (b) County LINCOLN O
(c) City or town RURAL, HAWK POINT TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME AMOS RINAMAN
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 WIDOWED
6. (b) Name of husband or wife MARGARET RINAMAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 30 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days 20 If less than one day hr. min.

9. Birthplace LINCOLN CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business RETIRED
FATHER
12. Name PETER RINAMAN
13. Birthplace UNKNOWN (City, town, or county) MARYLAND (State or foreign country)
MOTHER
14. Maiden name SOPHIA WILSON
15. Birthplace UNKNOWN (City, town, or county) MARYLAND (State or foreign country)
16. (a) Informant MR. EVERETT RINAMAN
(b) Address TROY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEM (LINCOLN CO.)
18. (a) Signature of funeral director Kemper Funeral Home.
(b) Address Troy, Mo.
19. (a) Aug 10-43 (Date received local registrar) (b) Mrs Hay Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29 year 1943 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 10, 1943, to July 29, 1943, that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	
Due to: Auricular Fibrillation	
Due to: Coronary Artery disease	
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 Jon. Lebreck (M. D. or other)
Address TROY Date signed 8/2/43

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(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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.