

D NOV 4 1943

Registration District No. **171**

Primary Registration District No. **4266**

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

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Wellington**
(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 **1** (Specify whether
In this community **50 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Katie Reinhart**

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

4. Sex **Female** 5. Color or race **Whit** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Dead** 6. (c) Age of husband or wife if alive **1862** years

7. Birth date of deceased **March 3 1862**
(Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **26** If less than one day
hr. min.

9. Birthplace **Dutzo, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House wrk**

11. Industry or business **Housework**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Henry Reinhart**

(b) Address **Wellington, Missouri**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **Oct. 1 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Missouri**

18. (a) Signature of funeral director **W. Roy Ewee**
(b) Address **Wellington, Missouri**

19. (a) **Oct. 7 1943** (b) **Mrs W. Baker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lafayette**
(c) City or town **Wellington** (If outside city or town limits, write "RURAL") **054**
(d) Street No. **0** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **4-12-43**
Sept 29 1943 to **Sept 29 1943**
that I last saw him alive on **Sept 29 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis** Duration

Due to **Chronic renal system**
Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/a**

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

23. Signature **W. R. Ewee** (M. D. or other)
Address **Lexington, Mo** Date signed **9/29/43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-3-43

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



W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington Missouri

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, above space should be left blank.