

S. No. 2
M-8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6165
Registrar's No. 883

FILED MAR 6 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5319 WAYNE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5319 WAYNE AVENUE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. FRANK NICHOLAS RIEFER
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 22 1897
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Yankton S-D
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____
12. Name NICHOLAS RIEFER
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARY SCHAEFER
15. Birthplace UNKNOWN WISCONSIN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Riefer
(b) Address 5319 Wayne

17. (a) BURIAL (b) Date there Feb 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARYS CEM.

18. (a) Signature of funeral director D. H. Newcomer's son
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 2-23-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 22 NO
year 1944 hour _____ minute A.M.
21. I hereby certify that I attended the deceased from 1-4, 1944, to 2-22, 1944.
that I last saw him alive on 2-19, 1944, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to _____
Due to _____
Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)
Major findings: Of operations none Of autopsy none done
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 H. O. Quinn (M. D. or other) MD
Address 1034 Reator Bldg Date signed 2-23-44

1034
1-4
Bealls Belg

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kc 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.