

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1944

Registration District No. 82

Primary Registration District No. 4144

Registrar's No. 30

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town PILOT GROVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pilot Grove, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 58
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME JOHN-GEORGE-RIES

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 9, year 1944 hour 10 minute 55P M.

4. Sex MALE 5. Color or race W.

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

6. (b) Name of husband or wife Ida Margaret Ries

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov-7-1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-1944 to 2-9-1944
that I last saw him alive on 2-9-1944
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 3 Days 7 If less than one day ✓ hr. ✓ min.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

9. Birthplace Cooper County, Mo
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

10. Usual occupation Painter + Carpenter

Other conditions g3a!
(Include pregnancy within 3 months of death)

11. Industry or business same

12. Name Andrew Ries

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

14. Maiden name unknown

15. Birthplace St. Louis County, Mo
(City, town, or county) (State or foreign country)

Major findings: g3a!

Of operations.....

Of autopsy.....

16. (a) Informant John Ries

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 2-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ave. Ch. of the Holy Spirit

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?.....

18. (a) Signature of funeral director Hugo + Gaintello

(b) Address Pilot Grove, Mo

19. (a) Feb-12-44 (b) Dr Chas Swap
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (e) Means of injury g

23. Signature G.O. Boley (M. D. or other).....
Address Pilot Grove Date signed 2-10-44

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

27

2

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

3-3-44

APR - 3 1944

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

Myself

Registered Apprentice No.

working under my personal supervision.

Signed

Rayton E. [Signature]

Licensed Embalmer No.

3074

P. O. Address

Felot Grove, Md.

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.