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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10526

State File No.

FILED APR 7 1944

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 15-

1. PLACE OF DEATH:

(a) County Caldwell,
(b) City or town Braymer,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Third, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Past 60-Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell,
(c) City or town Braymer, Mo.,
(If outside city or town limits, write "RURAL")
(d) Street No. North Third St.,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida J. Riegel,

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

4. Sex Female 5. Color White 6. (a) Single, Single,

6. (b) Name of husband or wife Henry W. Riegel, 6. (c) Widow

7. Birth date of deceased Feb.-20th., -1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 5
If less than one day ✓ hr. min.

9. Birthplace Clark County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House-keeper.

11. Industry or business House-keeping.

12. Name Henry W. Riegel,

13. Birthplace Hagerstown, Penn., /
(City, town, or county) (State or foreign country)

14. Maiden name Tydia A. Thralls,

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

16. (a) Informant I. E. Riegel,
(b) Address Braymer, Mo.,

17. (a) Burial (b) Date thereof Mar.-26-1944
(Burial, Evergreen Cemetery) (Month) (Day) (Year)

(c) Place of burial Evergreen Cemetery

18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.

19. (a) March 4-44 (b) E. U. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1944 hour 2:0 minute 0 A. M.

21. I hereby certify that I attended the deceased from June 1941 to Mar-25-44
that I last saw her alive on Mar-24- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of lungs
(Cardiovascular)
Due to metastasis from
Cancer of lungs
Due to 47d

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Cardinal B Woolsey
Of operations: None

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? (Specify type of place) (e) Means of injury None
23. Signature Cardinal B Woolsey (M. D. or other)
Address Braymer, Mo. Date signed Mar 26 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1300

114

1151

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,

working under my personal supervision.

Registered Apprentices No.

Signed.....

E. P. Michael

Licensed Embalmer No. 1363.

P. O. Address Braymer, 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.