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1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13844
1966
Registrar's No.

FILED MAY 11 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3210 Holmes /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
47 years (Specify whether
In this community 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. 3210 Holmes (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACOB RIEGLER
3. (b) If veteran, name war No
3. (c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 3rd
1944 year 4:00 hour P. M.
21. I hereby certify that I attended the deceased from
May 2, 1944 to May 3, 1944
that I last saw him alive on May 3, 1944
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or Race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Riegler
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 1870
(Month) (Day) (Year)

Immediate cause of death
acute dilatation of heart

8. AGE: Years 73 Months 10 Days 2
If less than one day hr. min.

Due to chronic cardiac-renal disease

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

10. Usual occupation Retired

11. Industry or business Stonemason

12. Name No Record

13. Birthplace Germany
(State or foreign country)

14. Maiden name No Record

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

16. (a) Informant Mary Riegler

(b) Address 3210 Holmes

17. (a) Burial (b) Date thereof 5-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 5-5-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
13/2

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 J. W. Wagner (M. D. or other)

Address 1424 Poplar Rd. Date signed 5-5-44

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

Printed By
H.A. 0236

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 A. R. Hunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.