

FILED MAY 11 1944
42
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1007 No. 3rd St., (Home) /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
(Specify whether
 In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 1007 No. 3rd St. 7
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Amelia Reinschmidt
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ludwig
 6. (c) Age of husband or wife if alive 17 years
 7. Birth date of deceased June 17, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 19 _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper

11. Industry or business Home
 12. Name Carl Rintsher
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Johanna ?
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Earnestine Macey (Daughter)
 (b) Address 1007 No. 3rd St., City
 17. (a) Burial (b) Date thereof 4/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John E. Rupp
 (b) Address 6054 Pryor Ave. City
 19. (a) 4/8/44 (b) Rose Heagy
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 6,
 year 1944 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 2, 1944, to April 6, 1944
 that I last saw her alive on April 6, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteria Sclerotic ?
 Due to _____
 Due to _____
 Other conditions age
(Include pregnancy within months of death)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 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 Rose Heagy (M. D. or other)
 Address King Hill Bldg Date signed 4/7/44
H. Joseph, M.D.

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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

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.