

Registration District No. 170

Primary Registration District No. 5636

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede ^{Imp}

(b) City or town Rural - Washington

(c) Name of hospital or institution: Coffman's Service Station 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Always
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright ¹¹⁴

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Howe Springs ¹
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME STEVEN DAVID RIFENBURG

3. (b) If veteran, name war _____

3. (c) Social Security No. 590-21-7065

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1945 hour 4 minute 19 M.

4. Sex M (1) 5. Color or race W

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

6. (b) Name of husband or wife Bessie Perryman 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct 31 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 14 1945 to Oct 14 1945 that I last saw him alive on Oct 14 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

46 11 14 hr. _____ min.

Immediate cause of death acute appendicitis

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy 12.1.2

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Steven David Rifenburg

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Steven Rifenburg

(b) Address Howe Springs Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct - 16 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine Cemetery

(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 Palomus

(b) Address Libanon Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) Oct 15, 1945 (b) Dr. H. Frankberger
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Gorth (M. D. or other) M.D.

Address Howe Springs Mo. Date signed _____

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

Received

Laclede County Health Unit

File No. 10-45-145

Date Filed 11/15/40

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 Allyn DeLuca Hosker

Licensed Embalmer No. 4333

P. O. Address Lebanon, 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.