

S. No. 2
M-5-42
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2239

State File No.
Registrar's No. 30

FILED FEB 7 1946

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Vine Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME August F. Riss
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27
year 1946 hour 1 minute 10 a. m.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Meyer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 23, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him alive on..... 19..... and that death occurred on the date and hour stated above.
Immediate cause of death Asphyxiation Duration.....

8. AGE: Years Months Days If less than one day
84 1 4 hr. min.

Due to Cardiac failure
Due to Cardio-vascular renal disease
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

9. Birthplace Lesuer County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Road Master Mo. Pac. R. R.

11. Industry or business Railroad
12. Name Ferd. Riss
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henretta Mathews
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant R. R. Riss

PHYSICIAN
Underline the cause to which death should be charged statistically.
12/10

16. (b) Address Kansas City Missouri
17. (a) Burial (b) Date thereof 1/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Frank Cottrell Chapel
(b) Address Poplar Bluff, Missouri
19. (a) 1-31-46 (b) RH Muntz
(Date received local registrar) (Registrar's signature)

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) (g) Means of injury
23. Signature AD Munkel (M.D. or other)
Address Poplar Bluff Mo Date signed.....

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

244

RECEIVED
District Health Office No. 2,
District File Number 246-154
Date Filed 2-4-46

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 Howard G. Rodgers
Licensed Embalmer No. 4386

P. O. Address Poplar Bluff, Missouri

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.