

FILED MAY 7 1946
Registration District No. 325

Primary Registration District No. 6090

State File No. _____
Registrar's No. 66

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Reberts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rebert Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH REINWALD

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Reinwald
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased March 2 - 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business at Hotel

MOTHER FATHER
12. Name John W. Wohlers
13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margitta - not known
15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Heerman Reinwald

(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Christ Lutheran Cemetery

18. (a) Signature of funeral director Jess Hauer

(b) Address Sweet Springs Mo

19. (a) 4/16/46 (Date received local registrar) (b) Dell Anderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 97
(c) City or town Rebert
(If outside city or town limits, write "RURAL")
(d) Street No. Raut
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr day 13 year 1946 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1944 to Apr 13, 1946
that I last saw her alive on Apr 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricle failure

Due to Supertension
Myocarditis

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

Major findings:
Of operations _____
Of autopsy _____

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 J. C. Macey (M. D. or other) D.D.
Address Marshall Mo Date signed Apr 15, 1946

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14270

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-6-46

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.