

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15657

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Purdy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution L I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution L  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Barry  
(c) City or town Purdy (If outside city or town limits, write "RURAL")  
(d) Street No. L (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country L

3. (a) PRINT FULL NAME John Andrew Rehwinkel

3. (b) If veteran, name war no 3. (c) Social Security No. 488-16-4500

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Rehwinkel 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased April - 22, 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 28 If less than one day hr. L min.

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

10. Usual occupation Tractor Rep

11. Industry or business

MOTHER FATHER { 12. Name Andrew Rehwinkel  
13. Birthplace Bermann (City, town, or county) (State or foreign country)  
14. Maiden name Erving Bruner  
15. Birthplace Bermann (City, town, or county) (State or foreign country)

16. (a) Informant Emma Rehwinkel  
(b) Address Purdy, mo

17. (a) Burial (b) Date thereof May 22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stones Prairie

18. (a) Signature of funeral director H. Blumenshiep  
(b) Address Monett - mo

19. (a) 5-22-46 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 6 minute 40 P. M.

I hereby certify that I attended the deceased from June 2 to May 19 1946 that I last saw him alive on May 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myo Carditis Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

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. S. Baldwin (M. D. or other) Address Purdy, Mo Date signed 5-21-46

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

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

14013

RECEIVED  
District Health Officer No. 6,  
District File Number 646-635  
Date Filed JUN 1 1946

SEP 23 1950

JUL 30 1946

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 L. H. Blankenship  
Licensed Embalmer No. 2297  
P. O. Address Manett, 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.