

FILED AUG 23 1946

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Nearer Tebbetts, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Nearer Tebbetts, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chancy Lorenzo Reinhart

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 22, 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Asbury Reinhart
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Nancy E. Fancher
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Reinhart
(b) Address Tebbetts, Mo.

17. (a) Burial (b) Date thereof 8/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Victor Breucher

(b) Address Jefferson City, Mo.

19. (a) 8-12-46 (b) R. P. Davis MD JR
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1946 hour 2 minute a M.

21. I hereby certify that I attended the deceased from August 19, 45 to August 11, 46
that I last saw her alive on August 10, 46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension, Chronic Endocarditis

Due to _____

Due to _____

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

Major findings: Of operations 13/16
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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? Y

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. McHenry MD (M. D. or other) _____
Address Jefferson City, Mo. Date signed 8/12/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25501

6
5
4

RECEIVED

District Health Officer No. 9,

District File Number 8-46-190

Date Filed 8-22-46

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 Victor Buresche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.