

FILED SEP 10 1946

Registration District No. 172

Primary Registration District No. 5640

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town CORDER RURAL  
(c) Name of hospital or institution: 1 DAVIS TWP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 42 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town CORDER MO RURAL  
(d) Street No. 5 MI SOUTH EAST CORDER, MO  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

JOHN HENRY REITH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH 18 1983 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMING

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name F. D. REITH 4  
13. Birthplace GERMANY (City, town, or county) (State or foreign country)  
14. Maiden name KATHARINE STELLER 4  
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant ANNA EDWARDS (b) Address KANSAS CITY 2723 BALKS

17. (a) BURIAL (b) Date thereof AUG 21 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY CORDER

18. (a) Signature of funeral director F. S. JAMES (b) Address CONCORDIA, MO

19. (a) Aug 20 - 1946 (b) Clayton Anderson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1946 hour 11 minute 10 PM  
21. I hereby certify that I attended the deceased from August 15, 1946 to August 18, 1946 that I last saw him alive on August 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Mar. 15, 1945  
Due to: Essential Hypertension Aug 18, 1946

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: Dr. P. R. Smith (M.D. or other) P.O. Corder, Mo. Date signed 8/20/46

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-7-86

07

932 03

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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *E. S. James*

Licensed Embalmer No. *2058*

P. O. Address *Corvallis, 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.