S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29278

Registration District No. 325 Primary Registration District No. 6099 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Near Queencity Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Near QueenCity (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George Friedrick Riendel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Riendel

6. (c) Age of husband or wife if alive Yes years

7. Birth date of deceased Sept (Month) 7 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business Same

FATHER
12. Name John Philip Riendel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ana Marie Kabaer
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Friddie Riendel

(b) Address Queen City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation QueenCity Cemetary

18. (a) Signature of funeral director Wm N West

(b) Address Queencity Mo

19. (a) Aug. 21-46 (Date received local registrar) (b) Mrs. A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20" year 1946 hour 9 O'C ~~[illegible]~~ AM.

21. I hereby certify that I attended the deceased from July 21st, 1946 to Aug, 19", 1946 that I last saw him alive on Aug. 19", 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditus	30 day
Due to: Rheumatic infection	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hardning of the arteries	

Major findings:
Of operations .....
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:

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. O. Coffey (M. D. or other)

Address Queen City, Mo. Date signed 7/20/46

353 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-46-1609
Date Filed AUG 20 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 Self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm N West

Licensed Embalmer No. 2882

P. O. Address Queensity 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.