

S. No. 2
 OM-5-43
 v. 5-17-39
 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37924
 Registrar's No. 455

FILED DEC 16 1946
 Registration District No. 277

Primary Registration District No. 5926

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia R
 (If outside city or town limits, write "RURAL" and name of township)
12 miles south of Sedalia Highway 65
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Benton 8
 (c) City or town Zonia 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MAX Riecke
 (b) If veteran, name war L
 (c) Social Security No. L

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 29
 year 1946 hour 7:35 minute 9 M.
 21. I hereby certify that I attended the deceased from as coroner
Nov. 27 1946 to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male (1) Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased: Oct 2 1899
 (Month) (Day) (Year)

Immediate cause of death _____
Multiple Fractures of skull
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>27</u>	hr. _____ min.

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Lincoln mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Auctioneer

PHYSICIAN
 Underline the cause to which death should be charged statistically.
17 Oct 22

MOTHER FATHER
 11. Industry or business _____
 12. Name Willie Riecke
 13. Birthplace Iowa 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Sally Elliot
 15. Birthplace Green Ridge mo 0
 (City, town, or county) (State or foreign country)
 16. (a) Informant Max W. Riecke
 (b) Address Windsor mo
 17. (a) Burial (b) Date thereof 12 2 '46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zonia
 18. (a) Signature of funeral director McLaughlin Bros
 (b) Address Sedalia mo
 19. (a) 11-30-46 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 80
 (b) Date of occurrence 11/29/46
 (c) Where did injury occur? Highway 65 S. Pettis MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
 (Specify type of place)
 While at work? no (e) Means of injury auto
 23. Signature W. H. L. Hollenhorst (M.D. or other) 202
 Address 212 E. 8th St. Sedalia Mo Date signed 11/30/46

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-46

decd 6:20 p.m Nov-2

JAN 20 1947

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 K.P. McCreary

Licensed Embalmer No. 3153

P. O. Address Sadalia 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.