

FILED JAN 20 1947

Registration District No. **82**

Primary Registration District No. **3009**

Registrar's No. **2**

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

1. PLACE OF DEATH:
 (a) County **Cape Girardeau**
 (b) City or town **Jackson**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
325 North High
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry J Risenbichler**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Susanna Foelber** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **January 22 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	18	hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

12. Name **Gottlieb Risenbichler**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Putz**

15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Erwin Risenbichler**

(b) Address **Jackson Mo.**

17. (a) **Burial** (b) Date thereof **1/12/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Walter Stebbins**

(b) Address **Jackson Mo.**

19. (a) **1-11-47** (b) **D. G. Suter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cape Gir. 16**
 (c) City or town **Jackson**
(If outside city or town limits, write "RURAL")
 (d) Street No. **325 North High**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**
year **1947** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **March 1 1947** to **Jan 10 1947**
that I last saw him alive on **Jan 6 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis 76 min**
Duration

Due to.....

Due to **arterio sclerosis**

Other conditions: **arterio sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **94%**
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 **D. G. Suter** (M. D. or other).....

Address **Jackson Mo.** Date signed **1-11-47**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 147-22
Date Filed 1-15-42

MAY 5 1955

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.