

FILED FEB 24 1947

Registration District No. 28

Primary Registration District No. 3048

Registrar's No. 25

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

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community 61 years. years, months or days)

3. (a) PRINT FULL NAME George B. Rimel  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary J. Rimel 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased November 3, 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 8 If less than one day hr. .... min.

9. Birthplace Pendleton County, West Va. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter-Carpenter

11. Industry or business None

MOTHER FATHER { 12. Name John P. Rimel  
13. Birthplace West Virginia /  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Saunders  
15. Birthplace West Virginia /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Rimel  
(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof Feb 13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Miriam Cemetery  
18. (a) Signature of funeral director Prize Funeral home  
(b) Address 120 East 1st, Maryville, Mo.  
19. (a) Feb 13 1947 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville "Rural" 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mile South 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th  
year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1947 to Feb 11 1947  
that I last saw him alive on Feb 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis from carcinoma of caecum with perforation  
Due to 3 days  
Duration

Due to .....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 46E Of autopsy .....  
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. E. Bauman M.D. or other MD.  
Address Maryville Date signed 2/14/47

DISTRICT HEALTH DEPT  
Cameron, Mo.

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..... *W L Gee* .....  
Licensed Embalmer No..... *2539* .....  
P. O. Address..... *Marionville* .....

**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.**