

FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18173

Registration District No. 217

Primary Registration District No. 3045-

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 N. Maing St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Since early childhood (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Conrad Rien

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 Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 15 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Edward Conrad Rien

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

14. Maiden name Olivene Meisner

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

16. (a) Informant Herbert W. Rien

(b) Address Charleston, Missouri.

17. (a) Burial (b) Date thereof 5-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, Charleston, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Missouri.

19. (a) 5-31-47 (b) Mrs. Jules Dondouant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
Charleston
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 406 N. Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1947 hour 5:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from on May 17, 1947 to _____, 1947
that I last saw her alive on May 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Coronary Occlusion Duration 1 hr.

Due Arterio sclerotic
Due to heart disease

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? _____
While at work? _____ Means of injury _____
23. Signature E. Chesaloviny (M. D. or other) _____
Address Charleston Mo. Date signed 5/28/47

RECEIVED

District Health Office No.

District File Number 647-7

Date Filed 6-2-47

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 Edward E. Finckler

Licensed Embalmer No. 4164

P. O. Address Charlotte, N.C.

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.