S. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28231

State File No.

Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 52

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town RURAL FREEDOM TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community ALL HER LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

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

(d) Street No. 5 MI SOUTH + WEST CONCORDIA, MO (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SARAH REITHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased SEPT (Month) 3 (Day) 1859 (Year)

8. AGE: Years 87 Months 10 Days 29 If less than one day hr. min.

9. Birthplace LAFAYETTE CO., MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name HERMAN DROEGE 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FLORA BRANDMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant Wm REITHER

(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 2 1947 (Month) (Day) (Year)

(c) Place: burial or cremation EVANGELICAL CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Aug 5-1947 (Date received local registrar) (b) Clayton W. Langbrum (Registrar's signature) 154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-5, 1947, to 8-2, 1947 that I last saw her alive on 8-2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coma [illegible]	2 min
Due to Fractured Hip	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1.86 A 18	
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) 54

(b) Date of occurrence 6-2-47

(c) Where did injury occur? Home (City or town) Lafayette (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? no home (e) Means of injury 2

23. Signature [illegible] (M. D. or other) 60

Address Concordia Mo Date signed 8-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-29-47

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.