

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30639**

FILED OCT 1 1947
Registration District No. _____

Primary Registration District No. **3009**

Registrar's No. **70**

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: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cape Gir. 16**
 (c) City or town **Jackson** **2**
(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 **Friedrich Ristig**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **25**
 year **1947** hour **7** minute **p.** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **M** **11** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Amanda Hasse** 6. (c) Age of husband or wife if alive **75** years
 7. Birth date of deceased **January 24 1863**
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death: **Chronic Myocarditis**

8. AGE:	Years	Months	Days	If less than one day
	84	8	1	hr. _____ min. _____

Due to **Semibity**
 Due to _____

9. Birthplace **Cape Gir. County Missouri**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Farmer**
 11. Industry or business _____
 12. Name **Friedrich Ristig**
 13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Louise Kempher**
 15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
9/25/47

16. (a) Informant **Louis Ristig**
 (b) Address **Jackson Mo.**
 17. (a) **Burial** (b) Date thereof **9-27-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **City Cemetery**

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? _____

18. (a) Signature of funeral director **Wilson Staller Seaborn**
 (b) Address **Jackson Mo.**
 19. (a) **9-26-47** (b) **D. G. Schubert**
(Date received local registrar) (Registrar's signature) 112

While at work? _____ (Specify type of place) (c) Means of injury **3**
 23. Signature **J. F. Sigmond** (City or town) (County) (State)
 Address **J. F. Sigmond, Mo.** Date signed **9/26/47**

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

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. 4
District File Number 947-1258
Date Filed 9-30-47

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 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.