

No. 2
-12-45
5-17-39
I X47070

FILED JAN 16 1948

State File No. _____

Registration District No. 171

Primary Registration District No. 5637

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Wellington (Rural) Mo
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Wellington, Rural Lafayette
(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 ELIZABETH REISMEYER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife no

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

7. Birth date of deceased Jan 29 - 1977
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 47 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 28 Nov 47
_____, 19____, to 16 Dec _____, 19____.

that I last saw h. EX alive on 12 Dec 47 _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of Colon with metastasis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Housekeeper

Major findings:
Of operations _____

Of autopsy 46E

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Fred Reismeyer

13. Birthplace Augusta Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Grunka

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

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? _____

16. (a) Informant Mrs Alfred Schubelmann

(b) Address Wellington Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 19, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Evans Cem. Wellington, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Joseph Waid (M. D. or other) _____

Address Wellington Date signed 12 Dec 47

18. (a) Signature of funeral director Edward J. Jurek

(b) Address Wellington Mo

19. (a) Dec 11 1947 (Date received local registrar)

Letta Schubelmann (Registrar's signature) _____

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

of file

54
50
5

MAR 9 1948
RECEIVED

District Health Officer No. 8,
District File Number.....

Date Filed 1-15-48

MAR 1 1948

JAN 17 1948

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. P. Egan
Licensed Embalmer No. 4305
P. O. Address Wellington 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.