

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5573

State File No. _____

Registration District No. 230

Primary Registration District No. 4345-

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town Rhineland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 his life years, months or days

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Mo. (b) County Montgomery
 (c) City or town Rhineland 0
 (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 RU DOLPH SCHOLTEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Alida 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased March 16 1875
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Rhinehart Scholten

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

14. Maiden name Christina Van Stratten

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

16. (a) Informant R. J. Scholten

(b) Address Rhineland, Mo.

17. (a) Burial (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Kottmeyer & Co.

(b) Address Rhineland, Mo.

19. (a) Feb. 10-1948 (b) Mrs. Nanette Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1948 hour 60 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 7, 1948, to Feb 8, 1948;
that I last saw h.f.m. alive on Feb 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Pneumonia

Due to Chronic nephritis

Due to Hypertension

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

Major findings: Of operations _____
Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature John Ryan (M. D. or other) MD
Address Herman, Mo Date signed 2/9/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

70
0
0

3375
Date Filed 2/19/48
License File Number
Health Officer No. 9
RECEIVED

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.....

.....D.B. Baker....., Registered Apprentice No.....
working under my personal supervision.

Signed D.B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.