S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9697

Primary Registration District No. 5931

Registrar's No. 82

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Lake Creek Twp. Rural
(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)
In this community: all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Lake Creek Twp. Rural
(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 Reusch
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Peter Reusch
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 25 (Day) 1855 (Year)

8. AGE: Years 92 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Morgan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ~~Peter Schmidt~~
MOTHER FATHER
12. Name: Peter Schmidt
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Christina Stagger
15. Birthplace: Do not Know (City, town, or county) (State or foreign country)
16. (a) Informant: Joe Reusch
(b) Address: Mora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bahner Smithton Mo
18. (a) Signature of funeral director: A. F. Kemmeyer
(b) Address: Smithton Mo
19. (a) 3-18-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1948 hour 12 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 16, 1947, to 3-14, 1948, that I last saw her alive on 3-13, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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) .....
(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: [illegible] (M. D. or other)
Address: Smithton, Mo Date signed: 3/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-1-48

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 A. F. Nemmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.