

FILED JUL 15 1948

Registration District No. 71

Primary Registration District No. 3012

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town EXCELSIOR SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BALL CLINIC  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or ~~XXXX~~ 7 weeks  
In this community 7 weeks  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MICHIGAN (b) County WAYNE  
(c) City or town DETROIT  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4699 BENTLEY  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

JOHN REINISCH

3. (b) If veteran, name war NO

3. (c) Social Security No. 363-01-9481

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA ZANGE

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

7. Birth date of deceased NOV.  
(Month)

30 1878  
(Day) (Year)

8. AGE:

Years 69

Months 6

Days 24

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation

BREWERY WORKER

11. Industry or business

RETIRED

12. Name

UNKNOWN

13. Birthplace

AUSTRIA  
(City, town, or county) (State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

AUSTRIA  
(City, town, or county) (State or foreign country)

16. (a) Informant

MRS. MARIE FINDLAY

(b) Address

LOS. ANGELES, CALIF.

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

(b) Date thereof June 25, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Removal to Detroit, Mich.

18. (a) Signature of funeral director

Charles Richard

(b) Address

Excelsior Springs, Missouri

19. (a) 7/13/48  
(Date received local registrar)

(b) By Mary L. Smith  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1948 hour 8-25 minute 0 M.

21. I hereby certify that I attended the deceased from May 26 1948 to June 24 1948

that I last saw him alive on June 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach, Pyloric orifice

Duration

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? 0

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Welch (M. D. or other) \_\_\_\_\_

Address Excelsior Springs, Mo. Date signed 6-28-48

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-1-48

OCT 1 1948

NOV 16 1948

JUL 20 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

*Indell K. Jarman*, Registered Apprentice No. *88*  
working under my personal supervision.

Signed *E. E. White*

Licensed Embalmer No. *4168*

P. O. Address *Excelsior Springs*

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.