No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29273

FILED OCT 13 1948

Registration District No. 88

Primary Registration District No. 5307

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Lohmanville - 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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole 26
(c) City or town Lohmanville - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY RAITHEL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Susanna Raithel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 9 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Raithel 4
13. Birthplace Germany (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Barbara Kiesling 4
15. Birthplace Germany (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Henry Raithel
(b) Address Lohman, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10- 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Trinty Ev. Lutheran Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Russellville Mo
19. (a) Oct 4 (Date received local registrar) (b) Mrs. Minnie Hettenmeyer (Registrar's signature) 70 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 1, 1948 to Oct. 3, 1948 that I last saw him alive on Oct. 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Not definitely known

PHYSICIAN

Underline the cause of 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? (Specify type of place) 13
While at work? (e) Means of injury

23. Signature Walter L. Leslie (M. D. or other)
Address Russellville Mo Date signed 10-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 12 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 Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville

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.