S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33418

Registration District No. 171 Primary Registration District No. 4266 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Wellington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Wellington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 66 Years years.

3. (a) PRINT FULL NAME Henry Fredrick Reickhoff
3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced single 1
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 10, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 18 If less than one day hr. min.

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

FATHER
12. Name Henry Reickhoff
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Ben Holman
(b) Address Wellington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director J. Clair Shepard
(b) Address Wellington Missouri
19. (a) Nov 3-1948 (Date received local registrar) (b) Letta Drummond (Registrar's signature) 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Oct 15, 1948 to Oct 28, 1948
that I last saw him alive on Oct 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & Chronic nephritis

Due to

Due to Pass Arterial Sclerosis

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

Major findings:
Of operations —
Of autopsy —

Duration

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

23. Signature Ben H Brasher (M. D. ~~or other~~)
Address Lexington Mo Date signed 10-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-12-48

DEC 6 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 J. Blair Sheppard

Licensed Embalmer No. 4179

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, above space should be left blank.