

FILED JAN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1872

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1215 a Bird</u>				d. STREET ADDRESS (If rural, give location) <u>1215 a Bird</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Riemann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>4</u> <u>1949</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 20, 1869</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Days <u>1</u>	11. UNDER 100 Hrs. Hours <u>1</u> Min. <u>15</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Adams County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Henry August Riemann</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Alvina Newman</u>		14. NAME OF HUSBAND OR WIFE <u>Althea Hart Riemann</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. E. Riemann</u> ADDRESS <u>1215 a Bird Hannibal Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				4 mths	
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Arteriosclerotic Nephritis</u> <u>Arteriosclerosis</u>				4 Yrs. ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>5-13</u> , 19 <u>46</u> , to <u>12-9</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>48</u> , and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Holmes Bldg., Hannibal, Mo.</u>			23c. DATE SIGNED <u>1-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-7-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

John S. Ward

Signed.....
Student Embalmer

Licensed Embalmer No. *4540*

P. O. Address *Annibal, 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.