NOV 21 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph (No. 2201 Jule Street St. Ward)

File No. 32164

Registered No. 1145

2. FULL NAME John Joseph Rainalter

(a) Residence. No. 2201 Jule Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna K Rainalter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 1, 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
93	~~94~~	10	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Maron
(STATE OR COUNTRY) Austria

PARENTS

10. NAME OF FATHER Johan Rainalter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Miss Tillie Rainalter
(Address) 2201 Jule St.-St. Joseph Mo.

15. FILED OCT 21 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1930, to Oct. 19, 1930 that I last saw never saw him alive on 19, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia

92 D

97

5 minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis-general

(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History + Phys. Exam.

(Signed) J. G. Thompson Jr., M. D.

Oct. 20 1930 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery

DATE OF BURIAL Oct. 21 1930

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.