

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

31324  
 Do not use this space.

OCT 15 1938

1. PLACE OF DEATH *Jackson* <sup>7</sup>  
 (a) County *Jackson* Registration District No. *399*  
 (b) Township *Fair* Primary Registration District No. *1002* Registered No. *3621*  
 (c) City *Jackson City* (d) Street No. *3204* *E 28 St.* St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred *20 yrs.* mos. ds. (f) How long in U. S., if of foreign birth? *70* yrs. mos. ds.

2. PRINT FULL NAME *John Frederick Reinders*  
 (a) Residence, No. *3204 East 28th* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Johanna Reinders*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 22, 1861*  
 7. AGE YEARS *77* MONTHS *1* DAYS *23* If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Merchant*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Gen. Merchandise*  
 10. Date deceased last worked at this occupation (month and year) *20* 11. Total time (years) spent in this occupation *25*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 15, 1938*  
 22. I HEREBY CERTIFY, That I attended deceased from *Several yrs. ago* to *Sept. 15, 1938*  
 I last saw him alive on *Sept. 15, 1938* Death is said to have occurred on the date stated above, at *4 A. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Myocardosis*  
*Arteriosclerosis*  
 Date of onset *9/5/38*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Emsden Germany*  
 13. NAME *John F. Reinders*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*  
 15. MAIDEN NAME *Kathryn Nicolai*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*  
 17. INFORMANT *Th. H. Jones*  
 (ADDRESS) *3204 E 28*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Wan So Dakota* DATE *Sept 17 38*  
 19. FUNERAL DIRECTOR (NAME) *O. H. Newcomer*  
 (ADDRESS) *Bushcreek, Pa*  
 20. FILED *Sept 15, 1938* *M. M. Brown*  
 Local Registrar.

Other contributory causes of importance:  
*Arteriosclerosis*  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify *D. J. O. Skinner*  
 (Signed) *D. J. O. Skinner*, M. D.  
 (Address) *W. Bryant Bldg.*

Corrected Nov-2-1938 by affidavit, L. Ward

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

see affidavit misc file # 123 - 1988

12-1  
D. W. 7010

**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,

George M. Collier, or by

Registered Apprentice No. ...., working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address .....

**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.**