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K21492

FILED OCT 18 1940

Registration District No. 378

Primary Registration District No. 4222

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette

(c) Name of hospital or institution: Lee Hosp.

(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

8. (a) PRINT FULL NAME Margaret Louise Rethwisch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry C. Rethwisch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 22nd 1871

(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Asmens Ricken

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Katherine Bryant

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Christian

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 9-18th 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette, Mo.

19. (a) Sept 20, 1940 (b) J.C. Richards

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Fayette (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. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1940 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from June 1 1940 to Sept 15 1940

that I last saw him alive on Sept 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 mo.

Due to _____ 50

Other conditions Carcinoma left breast 2 yrs.

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm J Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 9-16-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-70

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.....

Licensed Embalmer No.

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.