

ALSO MAR 17 1941

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

7406  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lafayette Registration District No. 457  
 (b) Township Freedom Primary Registration District No. 5621B  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. 47 How long in U. S., if of foreign birth? yrs. mos. ds. 34

2. PRINT FULL NAME Nevy F. Rieckhoff  
 (a) Residence, No. Lafayette, Mo. 64501 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 (write the word) 1 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flores Rieckhoff  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1889  
 7. AGE YEARS 51 MONTHS 2 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colorado  
 FATHER 13. NAME Nevy F. Rieckhoff  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Mary Freeman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
 17. INFORMANT (ADDRESS) Flores Rieckhoff Concordia Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cemetery DATE Feb-18 1941  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. F. Dreesing Concordia Mo  
 20. FILED Feb 17 1941 Herbert Shyman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1941  
 22. I HEREBY CERTIFY, that I attended deceased from Sept. 1940 to Feb. 15, 1941  
 I last saw him alive on Feb. 15, 1941. Death is said to have occurred on the date stated above, at 11 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Embolism of Brain Date of onset Feb 13, 1941  
420  
 Contributory causes of importance: Toxemia not definite  
Relieve kidney about 4 months of last  
 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? no  
 If so, specify see J. S. Deftre  
 (Signed) \_\_\_\_\_ (Address) Wellington Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-3-41

**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 *W. H. Owen*

Licensed Embalmer No. *3070*

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.