

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

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FILED SEP 12 1941

Registration District No. _____

Primary Registration District No. 4274 ✓

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community All his life / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____ 054
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Ralph C. Fiene

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased June 22, 1932
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>1</u>	<u>14</u>	hr. _____ min.

9. Birthplace Higginsville Mo.
(City, town, or county) (State or foreign country) D

10. Usual occupation student

11. Industry or business _____

12. Name Louis H. Fiene

13. Birthplace Concordia Mo.
(City, town, or county) (State or foreign country) 0

14. Maiden name Ethel Gash

15. Birthplace Rodky Ford, Colorado
(City, town, or county) (State or foreign country) 1

16. (a) Informant Louis Fiene

(b) Address Higginsville Mo.

17. (a) burial (b) Date thereof 8/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville City
Methodist Cemetery

18. (a) Signature of funeral director _____
(b) Address Higginsville Mo.

19. (a) 9-5-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1941 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Found dead in alley 19____;
that I last saw h _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Stature Thym Duration _____
Symphysis Thym
Expanded several times
normal size
History of fatiguing attacks
over period of year

Other conditions _____ (Include pregnancy within 3 months of death) 64

Major findings: Of operations _____

Of autopsy Enlarged Thymus gland **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) _____ no
(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 M Martinus Coroner 3 (M. D. or other)

Address Osaka Mo Date signed 8-6-41

RECEIVED
District Health Officer No. 8,
District File Number
9-10-41
Date Filed

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.....

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

Signed *Forest Riekhof*
Licensed Embalmer No 3637

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 286 95
Registrar's No.

Registration District No. 460

Primary Registration District No. 4274

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

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Higginsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community all of life
years, months or days)

3. (a) PRINT FULL NAME Ralph C. Siene

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, s

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

7. Birth date of deceased June 22, 1932
(Month) (Day) (Year)

8. AGE: Years 9 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct. 8-1941 (b) T. J. J. J. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

S-28695