

Registration District No. 431

Primary Registration District No. 5595

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Knobnoster Rural Dempson
 (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 3 months years, months or days

3. (a) PRINT FULL NAME Katherine Reifschneider

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Geo Reifschneider 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased Oct 3 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Henry Rettery

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ada Bruno

(b) Address Knobnoster Mo

17. (a) Burial (b) Date thereof Sept 23-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Sweeney Philip

(b) Address Warrensburg Mo

19. (a) Sept 23-1941 (b) Lola Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1941 hour 7:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 1941 to Sept 21 1941; that I last saw him alive on Sept 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive pulmonary congestion Duration _____

Due to prolonged bed rest with a fracture left hip 9 months

Due to senility

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) Accident 57

(b) Date of occurrence May 1941

(c) Where did injury occur? at her home Elmira Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at her home - just fell down While at work? no (Specify type of place) (e) Means of injury fell

23. Signature W. Williams (M. D. or other)

Address Warrensburg Mo Date signed 9-22-41

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

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

R. Q. Phillips
....., Registered Apprentice No.
working under my personal supervision.

Signed *R. Q. Phillips*
.....

Licensed Embalmer No. *2520*

P. O. Address *Warrensburg*

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.