

FILED MAY 20 1942

Registration District No. _____

Primary Registration District No. 3214

Registrar's No. 109

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

1. PLACE OF DEATH: Cole
 (a) County _____
 (b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 427-E-McCarty
(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

3. (a) PRINT FULL NAME: John W. Riner
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or face: Wh 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Fitz Harper Riner 6. (c) Age of husband or wife if alive: 70 years
 7. Birth date of deceased: January 17 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace: Moniteau County - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Coal Dealer

11. Industry or business: Coal Business

12. Name: John Riner

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

14. Maiden name: Mary Fitcher

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

16. (a) Informant: Johnnie E. Riner

(b) Address: 427-E-McCarty

17. (a) Burial (b) Date thereof: 5-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Center town, Mo

18. (a) Signature of funeral director: Thomas Riner

(b) Address: 209 1/2 Main

19. (a) 5-2-42 (b) Thorma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Cole
 (c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
 (d) Street No.: 427-E-McCarty
(If rural, give location)
 (e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30th year 1942 hour 6 minute 15 M.
 21. I hereby certify that I attended the deceased from Feb 12, 1942, to Apr 30, 1942

that I last saw him alive on Apr 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
 Due to: arteriosclerosis
 Due to: hypertension

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

Major findings: 93
 Of operations _____
 Of autopsy _____

Duration _____
 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: Deborah (M. D. or other) _____

Address: Jefferson City, Mo Date signed: 5-1-42

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, fact should be so stated above.