

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

18483
Do not use this space.

JUN 25 1942

1. PLACE OF DEATH: (a) County Marion Registration District No. 548
(b) Township Liberty Primary Registration District No. 5740
(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. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME John Reiff
(a) Residence, No. Palmyra, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate Mooter</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15, 1865</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Nickolaus Reiff</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>No record</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>No record</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Nick Reiff</u> (ADDRESS) <u>Palmyra, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Palmyra, Mo.</u> PLACE <u>Greenwood Cem.</u> DATE <u>9/23/41</u>				
19. FUNERAL DIRECTOR (NAME) <u>Leoni M...</u> (ADDRESS) <u>Palmyra, Mo.</u>				
20. FILED <u>Sept 23 - 41</u> <u>Gert...</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>September 20-41</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> to <u>Sept 21</u> , 19 <u>41</u> I last saw him alive on <u>Sept 19</u> , 19 <u>41</u> . Death is said to have occurred on the date stated above at <u>7:40 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of prostate</u> <u>C metastasized</u> Date of onset _____	
Other contributory causes of importance: <u>518</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>Dr. J. H. Hill</u> M. D. (Address) <u>Palmyra, Mo.</u>	

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. *2382*

P. O. Address *Salisbury, 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.