

FILED JUN 22 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5849

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Rural Crawford  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME John Riegael

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 2 W

6. (b) Name of husband or wife Mary Riegael 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 9 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Riegael

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

14. Maiden name Catherine Hosteman

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

16. (a) Informant Fred Reigael

(b) Address Linn Mo R.D.

17. (a) Burial (b) Date thereof 5-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Catholic Cemetery

18. (a) Signature of funeral director Clyde Minton

(b) Address Linn Mo

19. (a) May 12 1942 (b) Za Summer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1942 hour 8:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 1  
1942 to May 11 1942  
that I last saw him alive on May 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Subar Pneumonia Duration 10 days

Due to \_\_\_\_\_  
Due to dropsy 6 hrs

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)

(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 Paul H. Mansur (M. D. or other) \_\_\_\_\_

Address Linn Mo Date signed \_\_\_\_\_

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

76  
0  
0

76  
0  
0

**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 Vernon J. Marton

Licensed Embalmer No. 4125

P. O. Address Levin 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, fact should be so stated above.**