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18863

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1944
274

Primary Registration District No. 3252

Registrar's No. 153

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hotel
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada 1
(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 Stephen Roy Rinehart

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1944 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from view of body of
5-3-44, 1944, to _____, 19____;

that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roberta 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 26 1887
(Month) (Day) (Year)

Immediate cause of death Fracture of skull and other injuries -
Falling from window about 40 ft to court laundry
Due to Hotel Bothwell

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

Major findings: Of operations _____

Of autopsy _____

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

56 9 7 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Stephen J. Rinehart

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

14. Maiden name Belle Finney

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

16. (a) Informant E. O. Eckenjer

(b) Address Nevada mo

17. (a) Removal (b) Date thereof 5/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) probably accidental

(b) Date of occurrence 5-3-44 132

(c) Where did injury occur? Sedalia mo
(City or town) (County) (State)

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

(Specify type of place) _____ (c) Means of injury _____

While at work? _____

23. Signature Dr. I Bishop coroner (M. D. or other)

Address Sedalia mo Date signed 5-3-44

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-3-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

STATEMENT

INDEX NO. 3

Date Filed

5-15-47

AUG 8 1950

JUN 2 1944

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 L. F. Parker (MAY 19 1944)
.....
Licensed Embalmer No. 3840
P. O. Address Sedalia, 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.