S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8369

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Macon
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: North of New Boston Mo
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Austria

3. (a) PRINT FULL NAME: Joseph Riedl
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Katherina Riedl
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 24 (Day) 1865 (Year)
8. AGE: Years 80 Months 5 Days 12 If less than one day hr. min.
9. Birthplace: (City, town, or county) Austria (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Peter Riedl
13. Birthplace: (City, town, or county) Austria (State or foreign country)
14. Maiden name: Frances Fleshmen
15. Birthplace: (City, town, or county) Austria (State or foreign country)
16. (a) Informant: Pat Riedl
(b) Address: Elmer Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Helton
18. (a) Signature of funeral director: M. H. McCollum
(b) Address: South Gifford Mo
19. (a) 2-16-46 (Date received local registrar) (b) Rate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1946 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 3 1946 to Feb. 8th 1946 that I last saw him alive on Feb. 8th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to: Uremic State
Due to: Prostatic Bladder obstruction.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Prostatic Hypertrophy, bladder distended.
Of autopsy: 370

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. L. Trogle (M.D. or other) D.O.
Address: Kirksville Mo Date signed 2/13/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-497
Date Filed MAR 15 1946

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.