

S. No. 2
M-9-4-41
v. 5-17-39
I X20484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43702

State File No.

Registration District No. 356

Primary Registration District No. 6206

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution:
1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107

(c) City or town 8 mi S E of Ruckey MO
(If outside city or town limits, write "RURAL" _____)

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Alfred Rinne

3. (b) If veteran, name war L

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1946 hour 4 minute - A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Lena Rinne 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 20 1890
(Month) (Day) (Year)

Immediate cause of death Tuberculosis Carnary

Due to _____

Due to _____

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

Major findings:
Of operations 949

Of autopsy _____

8. AGE: Years 56 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Beaumont MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Rinne 9

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known 9

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Willard Beasley

(b) Address Ruckey MO

17. (a) Burial (b) Date thereof 12-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boone Creek Cem.

18. (a) Signature of funeral director Smith Ferguson

(b) Address Ruckey MO

19. (a) Dec. 30 1946 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Willard Beasley (M. D. or other) MO

Address Ruckey MO Date signed _____

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

42509

307

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 14736

Date Filed 1-25-47

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 Embert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.