. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26720

Registration District No. 25 Primary Registration District No. 5094 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Route 3 Rich Hill (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) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural - Osage Twp (If outside city or town limits, write "RURAL")

(d) Street No. Route 3 Rich Hill (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Julius Reik

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~~

6. (b) Name of husband or wife Nancy C Reik

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 23 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 24 If less than one day hr. min.

9. Birthplace East Troy (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Reik
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tio Reik

(b) Address Rich Hill Rt 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth

(b) Address Rich Hill, Mo

19. (a) Aug 19 1947 (Date received local registrar) (b) Mrs Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1947 hour 2 minute 5 P M.

21. I hereby certify that I attended the deceased from Jan 1947 to Aug 17 1947 that I last saw him alive on Aug 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address Rich Hill Mo Date signed Aug 18 1947

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1947

RECEIVED
District Health Officer No. 7,
District File Number 2-47-1019
Date Filed 8-26-47

JUL 22 1948

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 Harold M. Douglas Registered Apprentice No. 410, working under my personal supervision.

Signed John L. Underwood

Licensed Embalmer No. 3585

P. O. Address Bitter Springs

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.