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K47070

FILED OCT 13 1948

Registration District No. 198

Primary Registration District No. 5662

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lewis County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Jesse Simon Riegel

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Lulu May Riegel  
6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased August 18 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 1 11 X hr. X min.

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

10. Usual occupation Farming  
11. Industry or business Retired Farmer

MOTHER FATHER { 12. Name Josiah Riegel  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Riets  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Sullivan Riegel  
(b) Address Carlton, Missouri

17. (a) Burial (b) Date thereof Oct. 1 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Paul A. Vaughn  
(b) Address LaGrange, Missouri

19. (a) 10-4-48 (b) Dr. P. W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 23 1948 to Sept. 29 1948; that I last saw him alive on Sept. 28 1948; and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 3 da.

Due to aspiration of blood into the lungs, from hemorrhage

Due to in the nasal cavities due to a fall on Sept. 23, 1948

Other conditions Senility and blindness  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy..... 106  
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)..... (c) Means of injury.....

23. Signature Dr. P. W. Jennings (M. D. or other) D.O.  
Address La Belle, Missouri Date signed 9/29/48

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

**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 *Paul A. Vaughn*  
Licensed Embalmer No. 4509

P. O. Address LaGrange, Missouri

**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.**