S. No. 300
v. 10.48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37820

BIRTH NO. 6 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Concordia Mo Rural Freedom
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Margretta Reith~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Freedom township
d. STREET ADDRESS (If rural, give location) 2 miles North

3. NAME OF DECEASED (Type or Print)
a. (First) Margretta
b. (Middle) —
c. (Last) Reith

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1949

5. SEX Female

6. COLOR OR RACE Wht

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept 27-1879

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 1 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? —

13a. FATHER'S NAME Theos Meyer

13b. MOTHER'S MAIDEN NAME Marie Pape

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Emil Reith ADDRESS Concordia Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Influenza
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uterine cancer

INTERVAL BETWEEN ONSET AND DEATH: 482X

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov. 7, 1947, *to* Nov. 16, 1949 *that I last saw the deceased alive on* Nov. 16, 1947, *and that death occurred at* 5:49 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edmund Lissack M.D.

23b. ADDRESS Concordia Mo

23c. DATE SIGNED 11/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Disease

24b. DATE 11-19-1949

24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery

24d. LOCATION (City, town, or county) (State) Concordia Mo

DATE REC'D BY LOCAL REG. Nov. 19-1949

REGISTRAR'S SIGNATURE Clayton W. Landrum 154 0

25. FUNERAL DIRECTOR'S SIGNATURE Fresking & Voigt ADDRESS Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-22-49

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed E. G. Fuerking AND F. G. Voigt

2959

Licensed Embalmer No. 751

Signed.....
Student Embalmer

P. O. Address Concordia 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.