

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 18 1939

26241
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548
 (b) Township Liberty Primary Registration District No. 75740 Registered No. 46
 (c) City Marion (d) Street No. Mississippi River St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Phillip Reichmann
 (a) Residence, No. 311 South Sixth St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 9 22

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939
 22. I HEREBY CERTIFY That I attended deceased from July 19, 1939, to July 19, 1939.
 Last saw h. alive on July 19, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
 9. Industry or business in which work was done, as saw mill, bank, etc. Garage
 10. Date deceased last worked at this occupation (month and year) July 19, 1939 11. Total time (years) spent in this occupation 7

Came to his death as result of airplane accident in Mississippi River
 Date of onset 7
 Other contributory causes of importance: Fractured Skull

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Phalia, Missouri
 13. NAME Phillip James Reichmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Iowa
 MOTHER 15. MAIDEN NAME Katherine Hefel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Iowa

Name of operation L Date of —
 What test confirmed diagnosis? — Was there an autopsy? no

17. INFORMANT (ADDRESS) J. J. Reichman
Hannibal, Mo.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 7-19-1939
 Where did injury occur? Mississippi River
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hannibal, Mo. DATE July 22, 1939

Manner of injury —
 Nature of injury —
 24. Was disease or injury in any way related to occupation of deceased? —
 If so, specify —

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray P. Schwartz
Hannibal, Mo.
 20. FILED July 22, 1939 Gertude Lee
 Local Registrar.

(Signed) James O'Connell Corcoran M. D.
 (Address) Hannibal, Mo
County, Mo

No. 25—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.