

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

29
7
5

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

1. PLACE OF DEATH:

(a) County. Jasper

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

(c) Name of hospital or institution:
732 Moffett
(If not in hospital or institution, give 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. Missouri (b) County. Jasper

(c) City or town. Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 732 Moffett
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Rosina Pauline Reicher

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25th
year 1940 hour 6 minute 0 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased - Feb 14 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-25, 1940, to 2-25, 1940;
that I last saw him alive on 2-25, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Exhaustion following severe ileo-colitis acute

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Meat Tender

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Frank J. Reicher

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

14. Maiden name Rosina J. Reinbaud

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

16. (a) Informant Miss Rosina Reinbaud

(b) Address 732 Moffett - Joplin

17. (a) Burial (b) Date thereof Feb 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery, Cuthage

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)
(e) Means of injury _____

23. Signature Herman A. La Forge (M. D. or other) _____
Address 607 Main, Joplin Mo signed 2/27-40

18. (a) Signature of funeral director Walt City Club Co.

(b) Address Walt City Mo 372

19. (a) 2-27-40 (b) Ed J. Jarner
(Date received by registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 3210-752

Date Filed MAR 8 1940

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 myself,

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.