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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1940

Registration District No. 173

Primary Registration District No. 5246

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Chariton Rural Bee Branch  
(b) City or town Rural, Weir  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
years, months or days 5-8 years (Specify whether)

3. (a) PRINT FULL NAME Angelica Reichle

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank Reichle 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 19 1884  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Griesson Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Savior Majer

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

14. Maiden name Catherine Gassenburger

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

16. (a) Informant's own signature Mrs. A. Fulle

(b) Address New Cambria Mo

17. (a) Mt. St. Marys (b) Date thereof Mar 9 40  
(Burial, interment) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director James M. Fairley

(b) Address Marion Mo

19. (a) 3/8 1940 (b) J. H. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Rural near Weir  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 6  
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 3rd 1940 to Mar 6th 1940  
that I last saw her alive on Mar 6th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 6 days

Due to -

Due to -

Other conditions old age  
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy no

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) (e) Means of injury -

23. Signature J. H. Hawkins (M. D. or other)  
Address New Cambria Mo Date signed Mar 8 40

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

N. B.—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.

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RECEIVED  
SPECIAL INSPECTOR OFFICER No. 8  
LICENSE FILE NUMBER  
Date Filed

**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.**