

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17921

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 566

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3601 MESSANIE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 23 YEARS 6 Mo. 6 DAY
years, months or days)

8. (a) PRINT FULL NAME MARSHALL C. REICHARD

8. (b) If veteran, name war NONE 8. (c) Social Security No. 491-10-5599

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET REICHARD 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Nov. 13 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Emp

MOTHER FATHER
12. Name HAROLD C. REICHARD
13. Birthplace St. Joseph, Mo.
14. Maiden name MARIE JONES
15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. M. C. REICHARD
(b) Address 3601 MESSANIE St Joseph

17. (a) Burial (b) Date thereof 5-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director F. EEMANSON JR.
(b) Address 1946 Calhoun St Joseph

19. (a) 5/21/40 (b) St. J. Neathelbusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3601 MESSANIE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month MAY day 19th
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 24th, 1940 to May 19, 1940
that I last saw him alive on May 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease & Rheumatism Duration
Myocardial infarction grade III
Neutral stenosis regurgitation
Due to Rheumatism (P)
Due to _____

Other conditions g. w.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?
Yes
While at work? Yes (Specify type of place) _____
(e) Means of injury _____

23. Signature St. Charles (M. D. or other) 1
Address 3015 P. & S. Bldg Date signed 5-21-40
St Joseph Mo

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 _____

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.