

FILED MAR 11 1942

Registration District No. _____

Primary Registration District No. **100**

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:
801 Mason St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **801 Mason St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Effie Dotty Reichman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Benjamin Reichman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 18, 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **3** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John James**
13. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Bryant**
15. Birthplace **Remoke Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Whitaker**
(b) Address **801 Mason Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cem.**

18. (a) Signature of funeral director **Redd Clark**
8025 King Hill Ave.
(b) Address

19. (a) **Feb. 24, 1942** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1942** hour **4** minute **50 p** M.

21. I hereby certify that I attended the deceased from **Jan 7**
1942 to **Feb 21** 19 **42**
that I last saw him alive on **Feb 10** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Carcinoma of ovary bilateral with general metastases

Due to _____
Due to **490**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of ovary with wide spread metastases**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **301 N. 5th St. St. Joseph, Mo.** Date signed **Feb 24, 1942**

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

Dr. Williams
561 No. 8.

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 2/21/42
....., Registered Apprentice No.
working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 8238

P. O. Address St. Joseph, 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.