

FILED JUL 3 1942

Registration District No. 464

Primary Registration District No. 5626

Registrar's No. 34

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Kafayette

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

(c) Name of hospital or institution Wheeler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kafayette

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Friedrich W. Reichtermann

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

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 10 minute 10 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ wife Friederike (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 15 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1941 to June 22 1942

that I last saw him alive on June 22 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>7</u>hr.min.

Immediate cause of death Hepatic Cirrhosis

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

10. Usual occupation Retired Farmer

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 24 hr

11. Industry or business.....

12. Name Henry F. Reichtermann

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

14. Maiden name Rosina Nelke

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

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant Mrs. Friedrika Reichtermann

(b) Address Mayview Mo

17. (a) Burial (b) Date thereof June 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayview Mo

18. (a) Signature of funeral director W. M. ...

(b) Address Highwayville Mo

19. (a) June 23 1942 (b) Mrs. W. Baker
Date received local registrar (Registrar's signature)

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. B. Willis (M. D. or other) D

Address Mayview Mo Date signed 6-23-42

RECEIVED

1942 JUL 30 10 30 AM

District Health Officer No. 8;

District File Number _____

Date Filed 7-7-42

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 Roy F. Wiegman
Licensed Embalmer No. 2883
P. O. Address Higginsville, 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.