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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

Registration District No. 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

36806

State File No.

Registrar's No. 359

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs 9 m 22 d (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Phillip A Reichel

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Martha J Reichel

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

7. Birth date of deceased (Month) (Day) 1882 (Year)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

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

10. Usual occupation R R Conductor

11. Industry or business

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Mo.

18. (a) Signature of funeral director Walter P. Hedges

(b) Address Iberia Missouri

19. (a) 11-18-1942 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1942 hour 6-20 minute a M.

21. I hereby certify that I attended the deceased from 11-10-42, 19..., to 11-17-42, 19...; that I last saw him alive on 11-16-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Pacosis

Due to

Other conditions (Include pregnancy within 3 months of death) 30

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George V Reeves (M. D. or other) MD

Address Fulton Mo Date signed 11/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 Walter P. Hedges

Licensed Embalmer No. 4268

P. O. Address Kenia 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.