

FILED JUL 10 1943

Registration District No. 224

Primary Registration District No. 5796

State File No. ....

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Moniteau Co.

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

(c) Name of hospital or institution:  
Jamestown, Mo. Star Rt. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Yrs (Specify whether years, months or days)

In this community 27 Yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Edward Reichel

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Reichel

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug 31 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>15</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {

12. Name Fred Reichel

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

14. Maiden name Barbra Hutchreider

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

16. (a) Informant Anna Louise Reichel

(b) Address California, Missouri

17. (a) Burial (b) Date thereof June 18 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luthern Cemt. Cal. Mo.

18. (a) Signature of funeral director BOWLIN Funeral Home

(b) Address California, MO

19. (a) 6-16-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

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

(d) Street No. Jamestown, Mo. Star, Rt. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 10 to June 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cranial Thrombosis

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place)

(e) Means of injury ?

23. Signature [Signature] (Date signed) 6/16/43  
Address California, 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..... *Earl R. Doulin* .....

Licensed Embalmer No..... *2126* .....

P. O. Address..... *California 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.**