S. No: 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37479

State File No. 37479

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4816

1. PLACE OF DEATH:

(a) County: Jackson

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

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

(d) Length of stay: In hospital or institution 2 days 10 hrs 28" (Specify whether years, months or days)

In this community 2 days 10 hours 28"

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3 8

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

(d) Street No.: 4013 Park Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME: MICHAEL JAY REICHER

3. (b) If veteran, name war: NO

3. (c) Social Security No.: none

4. Sex: MALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: infant

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November (Month) 6 (Day) 1943 (Year)

8. AGE: Years | Months | Days: 2 | If less than one day: 10 hr. 28 min.

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

10. Usual occupation: Newborn

11. Industry or business:

FATHER
12. Name: Alfred Wolfgang REICHER
13. Birthplace: KANSAS City (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: DORIS David WILSON
15. Birthplace: Winchester (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant: Mr. Alfred Reicher
(b) Address: 4013 Park Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 11-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Research Hospital

18. (a) Signature of funeral director: " "
(b) Address: K. C. Mo

19. (a) 11-15-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 9 year: 1943 hour: 2:30 am minute: M.

21. I hereby certify that I attended the deceased from November 6, 1943, to November 9, 1943 that I last saw him alive on November 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Erythroblastosis + malformations	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Same	

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: Don Carlos Guppy (M. D. or other)
Address: 717 Prog. Bldg. Date signed

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.