

FILED FEB 1 1944

Registration District No. **77**

Primary Registration District No. **3008**

Registrar's No. **430**

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No 1 2  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 yrs 1 m 13 d  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME John Riecher

3. (b) If veteran, name war

3. (c) Social Security No. 172

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Riecher

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb 9 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Herman Riecher

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

14. Maiden name SK

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

16. (a) Informant Record

(b) Address

17. (a) Removed (b) Date thereof Dec 28 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Earl E. Riecher

(b) Address Missouri

19. (a) 12-28-1943 (b) Jane Moravichoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Luedrain

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

(d) Street No. R 4 S.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28  
year 1943 hour 5-15 minute 0 M.

21. I hereby certify that I attended the deceased from 12-25-1943, to 12-28-1943  
that I last saw him alive on 12-27-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia, right

Due to arteriosclerosis, generalized

Due to Nephritis, chronic interstitial  
myocardiosis, minor degree

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: None

Of operations None

Of autopsy Bronchial pneumonia, rt,  
arteriosclerosis, generalized & Nephritis, chronic

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) (c) Means of injury

23. Signature George W. Reuss (M. D. or other) MD  
Address Fulton Mo Date signed 12-28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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**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.....

*Earl E. Puckett*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Puckett*

Licensed Embalmer No. *3189*

P. O. Address *Merino, 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.**