

FILED FEB 7 1944

Registration District No. 3018

Primary Registration District No. 3018

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Louisiana Reichert Cooper

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 10 - 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Indiana (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER, FATHER { 12. Name Benjamin Franklin Reichert
13. Birthplace 9 (City, town, or county) _____ (State or foreign country)
14. Maiden name Margaret Reeder
15. Birthplace 9 (City, town, or county) _____ (State or foreign country)

16. (a) Informant Dora B. Cooper
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kissock Cemetery

18. (a) Signature of funeral director Hobart Southam

(b) Address Salem, Mo.

19. (a) 1-17-44 (b) Jos. D. McLeod by M.S.B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1944, hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/20/43 19 to 12/10/43 19
that I last saw him alive on 12/10/43 19
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetic Mellitus

Due to _____

Due to _____

Other conditions Embolic, Gangrene
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy _____

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 G. E. Goff (M. D. or other) MD
Address Salem, Mo. Date signed 1/17/44

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

Dr. Joseph,

RECEIVED

District Health Officer No. 5,

District File Number 24484

Date Filed 2-4-44

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

W. H. Holloway

Licensed Embalmer No.

3643

P. O. Address.....

Cuba, 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.