DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10086

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1279

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: Devine Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town Flemington 0 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME August Henry Reichert

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May (Month) 22 (Day) 1880 (Year)

8. AGE: Years 63 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business X

FATHER
12. Name Fredrick Reichert
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Roy Reichert

(b) Address Hermitage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation Darnell Chapel

18. (a) Signature of funeral director Gilbert Hathaway

(b) Address Wheatland, Mo

19. (a) 3-21-44 (Date received local registrar) (b) W.E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1944 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from March 13, 1944, to March 20, 1944 that I last saw him alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Pelvic Surgery (Transurethral resection)

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. M. Jaquins (M. D. or other)

Address 918 Oak Date signed

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(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 Chas Gilbert Bathour

Licensed Embalmer No. 4267

P. O. Address Wheatland, Ta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.