No. 2
-1-4-41-
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18692

Registration District No. 224 Primary Registration District No. 3046 5796 Registrar's No. 179

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Mc Girk Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Walker Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Mc Girk Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Edmund Reichel

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Reichel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 19 (Day) 1867 (Year)

8. AGE: Years 76 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Moniteau (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Reichel
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Clarance Reichel
(b) Address Mc Girk Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mc Girk Mo
18. (a) Signature of funeral director J E Williams
(b) Address California Mo
19. (a) 5-17-44 (Date received local registrar) (b) A J Allel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1944 hour about minute 1 A.M.

21. I hereby certify that I attended the deceased from dead when first seen, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide - Killed
Due to self with shotgun.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

164C

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) Suicide
(b) Date of occurrence May 15, 1944
(c) Where did injury occur? Mc Girk (City or town) Moniteau (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence
(Specify type of place)
While at work? (e) Means of injury Shotgun

23. Signature Kenyon Latham (M. D. or other) Coroner
Address California Mo Date signed 5-16-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-5-44

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California Mo

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

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