

FILED SEP 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 237

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LOCUST STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27  
(c) City or town BOONVILLE 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. LOCUST ST. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 1  
If yes, name country.....

3. (a) PRINT FULL NAME MRS. ALMEDA REICHEL

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM REICHEL 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased APRIL 23 - 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 15 hr. min.

9. Birthplace COLE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name SILAS WEAVER

13. Birthplace COLE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARY CHAMBERS

15. Birthplace COLE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM REICHEL

(b) Address BOONVILLE - MO

17. (a) BURIAL (b) Date thereof 8/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director ST EGNER  
BOONVILLE - MO.

(b) Address

19. (a) Aug 8 - 1946 (b) Elen Morris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7th  
year 1946 hour 6:30 minute M.

21. I hereby certify that I attended the deceased from NOV 2 1945 to Aug 7 1946  
that I last saw him alive on Aug 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of parotid 9 mos  
Duration

Due to.....

Other conditions (Diagnosis X-ray Examination of H. J. Jacobs 1/10/46)  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None  
Of autopsy None 4/6/46

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 W. E. Stone (M. D. or other) M D

Address Boonville Mo Date signed 8-8-46

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

MOTHER FATHER

71

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-7-46

SEP 11 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.