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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30718

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital O (If not in hospital or institution, write street number or location)

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

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Florence H. Reichman

3. (b) If veteran, name war /

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Will E. Reichman

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov (Month) 9 (Day) 1919 (Year)

8. AGE: Years 26 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Bigbow (City, town, or county) Kansas (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name R. L. Lashmett
13. Birthplace (City, town, or county) Kansas (State or foreign country)

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

16. (a) Informant Wm. E. Reichman

(b) Address Diamond Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 7 (Day) 1946 (Year)

(c) Place: burial or cremation Stoney Point Cem.

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) 8-9-46 (Date received local registrar) (b) Ed O James (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 3 year 1946 hour 7.15 minute P. M.

21. I hereby certify that I attended the deceased from 7-27-46 to Aug 3, 1946 that I last saw her alive on Aug 3rd, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct left ventricle — Duration few hrs

Due to Coronary thrombosis — few hrs.

Due to

Other conditions (Include pregnancy within 3 months of death) 139A

Major findings: Of operations Bilateral tubo-ovarian abscesses

Of autopsy Infarct left ventricle + thrombosis left coronary artery

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 0

23. Signature B. Chle Tan (M. D. or other)

Address Joplin Mo Date signed 8-9-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-8-738

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 Clayton M. Johnston

Licensed Embalmer No. 6304

P. O. Address Webb City 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.