No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1446

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 10

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALLEN REST HOME 1497 NORTH OSAGE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WEEKS (Specify whether years, months or days)
In this community 16 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 3635 PASEO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MARY EDITH REICHERT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JACOB REICHERT
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 28 (Day) 1860 (Year)

8. AGE: Years 86 Months 7 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
MOTHER FATHER
12. Name EDMUND LA CHANCE
13. Birthplace CANADA (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH CORBLEY
15. Birthplace UTICA (City, town, or county) NEW YORK (State or foreign country)
16. (a) Informant MRS. BESSIE FRY
(b) Address 3635 PASEO, K.C. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-14-1947
(c) Place: burial or cremation CALVARY CEMETERY KANSAS (County) MISSOURI (State)
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address KANSAS CITY, MISSOURI
19. (a) 1-15-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12TH year 1947 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from 1 Jan 1947, to 12 Jan 1947; that I last saw h. W alive on 5 Jan 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 162 B
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 E. Aguadro (M. D. or other) MD
Address Indep Mo Date signed 1-13-47

(Licensed Embalmer's Statement on Reverse Side)

354

12172 W. Lexington
2.5

AUG 22 1947

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 Melvin Muller

Licensed Embalmer No. 4407

P. O. Address K.C. 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.