

Registration District No. 27

Primary Registration District No. 3003

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 201 W. Fulton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles C. REICHEL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabel Reichel 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 26, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 00
If less than one day hr. _____ min. _____

9. Birthplace Center Town, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Man

11. Industry or business MAINTENANCE FOREMAN

12. Name Reichel

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

14. Maiden name No Record
(City, town, or county) (State or foreign country)

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Wife (b) Address Butler, Missouri

17. (a) Burial (b) Date thereof April 28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Booth Memorial Home

18. (a) Signature of funeral director _____ (b) Address Butler, Missouri

19. (a) 4-26-1947 (b) Harold Perry
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Nov. 20 1947 to April 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Tonsillitis

Due to Coronary Artery

Due to Heart

Other conditions Coronary Thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Asp

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) Manner of injury _____

23. Signature Charles W. Fester (M. D. or other) MD
Address Butler Mo Date signed 4/27/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 4-47-607
Date Filed 5-20-47

JUN 4 10 47 AM '47

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 John B. Anderson
Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.