U. S. No. 2
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Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29554

FILED SEP 27 1948

Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No. 144

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wrights Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 hrs (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No.: — 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: DIANA KAY REICHELT
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept. (Month) 20 (Day) 1948 (Year)

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

9. Birthplace: Trenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: Infant.

FATHER
12. Name: EDWARD H REICHELT
13. Birthplace: DENVER (City, town, or county) COLORADO (State or foreign country)

MOTHER
14. Maiden name: DORIS FERGUSON
15. Birthplace: DALLAS (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant: Edward H Reichelt
(b) Address: Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Raymond A. Davis
(b) Address: Trenton, Mo.
19. (a) 9-21-48 (Date received local registrar) (b) Irene Tow (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. 20 day: 20 year: 1948 hour: 5 minute: P.M.
21. I hereby certify that I attended the deceased from Sept 20th, 1948 to Sept 20th, 1948; that I last saw her alive on Sept 20th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	6 months
Due to: Do not Kinder	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 159
Of autopsy:

PHYSICIAN
Underline the cause of 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:
23. Signature: Oliver F. Duffy M.D. (M.D. or other)
Address: Trenton Mo. Date signed: Sept 20th 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 not embalmed Registered Apprentice No. working under my personal supervision.

Signed Walton E. Moyer

Licensed Embalmer No. 4491

P. O. Address Trenton, 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.