

REC'D MAY 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14133
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 86
 (b) Township Washington, Primary Registration District No. 5127 Registered No. 23
 (c) City St. Joseph, Mo. (d) Street No. 36th. & Messanie St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Milton Charles Reichard, 263
 (a) Residence, No. 36th. & Messanie Sts. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Reichard,

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938, to 4/12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1858

I last saw him alive on 4/3, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 6 14

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
 10. Date deceased last worked at this occupation (month and year) April 1, 1938. 11. Total time (years) spent in this occupation. 15

Myocarditis Chronic Date of onset

12. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) District of Columbia,

Other contributory causes of importance: 980

FATHER 13. NAME Daniel M. Reichard,

Name of operation Date of no

14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Maryland,

What test confirmed diagnosis? clinical as there an autopsy? no

MOTHER 15. MAIDEN NAME Rebecca Cunningham,

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) England,

17. INFORMANT (ADDRESS) Mrs. M. C. Reichard
R. F. D. # 1, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE April 13, 1938.

19. FUNERAL DIRECTOR (ADDRESS) Heaton, Belger & Bowman
St. Joseph, Mo. Funeral Home

20. FILED Apr. 12, 1938 B. G. Tadlock, M.D.
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify. L. C. Johnson, M. D.
 (Signed) L. C. Johnson (Address) St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerzeel Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself april 12

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerzeel
.....
Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)