

S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12058

State File No. _____

Registration District No. 688

Primary Registration District No. 0916

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pike Penn Twp

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____
In this community 3 Miles South of Frankford (Specify whether years, months or days) (If rural, give location)

3. (a) PRINT FULL NAME Frank Herman Reichard 213

3. (b) If veteran, name war. -- --

3. (c) Social Security No. -- --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Gragg Reichard

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 16 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>10</u>	<u>12</u>	hr. _____ min.

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Near Frankford

11. Industry or business Farmer

MOTHER FATHER

12. Name Fred Herman Reichard

13. Birthplace Herman County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Hollenback

15. Birthplace Shollar County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Reichard

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof March-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Cemetery

18. (a) Signature of funeral director Fields & Son

(b) Address Frankford Missouri

19. (a) April-1st (b) Mattie Drvell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1940 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from Mar 23 1940 to March 29 1940 that I last saw him Mar 28 alive on Mar 28 and that death occurred on the date and hour stated above.

Immediate cause of death Lebas pneumonia Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

23. Signature W. B. ... (M. D. or other) _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

Address Frankford Mo. Date signed 4/1/40

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

2

RECEIVED

District Health Officer No. 10

District File Number 4-40-784

Date Filed APR 9 1940

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

Jones Fields Megowan

Licensed Embalmer No.

4093

P. O. Address

Trentford, 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, above space should be left blank.