

FILLED JUN 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. **18629**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Independence, Mo.**  
 (c) Name of hospital or institution: **919 E Sea St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **15 years**  
 In this community **15 years**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Independence, Mo.**  
 (d) Street No. **919 E Sea St.**  
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
 year **1940**, hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **May 29, 1940**  
 that I last saw him alive on **May 29, 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Insufficiency**  
**Chronic nephritis**  
 Due to **Hypertension**  
**General arteriosclerosis**  
 Due to **Renile or arteriosclerotic**  
**Dementia**  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration **8**  
 PHYSICIAN **121**  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Adam H. Reichley** **247**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Marguerite Reichley** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased: **April 8th, 1867**  
 (Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **21** If less than one day hr. min.

9. Birthplace: **Ill Unknown**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Real Estate Dealer**

11. Industry or business **Self**

12. Name **Unknown Jacob S. Reichley**

13. Birthplace **Pa Unknown**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown Julia Heinle**

15. Birthplace **Pa Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marguerite Reichley**  
 (b) Address: **919 E Sea St. Indep. Mo.**

17. (a) **Burial** (b) Date thereof **May 31-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **C.H. Blackman & Son, Inc.**  
**K.C. Mo.**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**  
 (b) Address **K.C. Mo.**  
 19. (a) **May 31-40** (b) **F. L. Cook**  
 (Date received local registrar) (Registrar's signature)

findings: **121**  
 operations:  
 Of autopsy:

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?  
**360** (Specify type of place)  
 While at work? (e) Means of injury \_\_\_\_\_

23. Signature **F. L. Cook** (M. D. or other) **MD**  
 Address **Independence** Date signed **5/29/40**

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

**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

*B. B. Cochran*

Licensed Embalmer No. *2244*

P. O. Address .....

**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.**