

DEC 22 1941 399  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4183

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3203 Central Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 31 years  
years, months or days)

3. (a) PRINT FULL NAME George M. Reichel

3. (b) If veteran, name war No  
3. (c) Social Security No. 486-09-0319

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

6. (b) Name of husband or wife Emma Reichel  
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 29 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	11	hr. _____ min. _____

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

10. Usual occupation Watchman

11. Industry or business Sears Roebuck Co.

MOTHER FATHER {

12. Name John H. Reichel

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

14. Maiden name Elizabeth Glenn

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Reichel

(b) Address 3203 Central

17. (a) Burial (b) Date thereof 11-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 11-11-41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3203 Central Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10  
year 41 hour \_\_\_\_\_ minute 55 M.

21. I hereby certify that I attended the deceased from 3-6 a.m.  
1941, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her live on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute pulmonary congestion  
Chronic myocarditis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address K.C. Mo Date signed \_\_\_\_\_

**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.....

*Clarence H. Chiles*

Licensed Embalmer No. 3473

P. O. Address 56 E 760

**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.)**

**If this body is not embalmed, fact should be so stated above.**