

FILED SEP 11 1942

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3601 Messanie
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3601 Messanie
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sophie Thesaa Reichard
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23
 year 1942 hour 3 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Milton C. Reichard
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 9 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 16 1942, to August 23 1942
 that I last saw him alive on April 27 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 3 14 hr. min.

Immediate cause of death Cerebral Hemorrhage 2 days
 Duration

9. Birthplace St Paul Minn.
(City, town, or county) (State or foreign country)

Due to Arterio Sclerosis 7 or 8 years
 Due to age
was away on vacation when alone

10. Usual occupation Housewife

Other conditions Death 100% Place
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Antone Sanner
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

Major findings:
 Of operations 830
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Marie Reichard
 (b) Address 3601 Messanie St Joseph Mo
 17. (a) Burial (b) Date thereof Aug 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery
 18. (a) Signature of funeral director Fleming & Son Inc
 (b) Address St Joseph Missouri
 19. (a) 8-23-42 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

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) (Specify type of place) Means of injury.....
 23. Signature A. John Weaver (M. D. or other)
 Address 109 1/2 28 St Joseph Mo Date signed 8/29/42

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

11
7

Wissen
109 1/2 N 8th

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.....
Aug 23 42....., Registered Apprentice No.....
working under my personal supervision.

Signed John E. Hurley
Licensed Embalmer No. 4056
P. O. Address St Joseph 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.