

MAR 11 1943
 Registration District No. **116**

Primary Registration District No. **0725**

Registrar's No. **2**

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

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1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **New Haven Rural Comm**
 (c) Name of hospital or institution
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **ALL** years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME **WILLIAM RIECHERS**
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **8**
 year **1943** hour **8:30** minute **P.M.**
 21. I hereby certify that I attended the deceased from
 19... to 19...
 that I last saw alive on 19...
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **LOUSIA RIECHERS**
 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased **MAY 24 1875**
 (Month) (Day) (Year)

Immediate cause of death
Suicide by fire-arms
 Due to **Bullet passing left temple region of head and coming out on opposite side of head**
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **67** Months **8** Days **14**
 If less than one day hr. min.
 9. Birthplace **New Haven Mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

Major findings: Of operations **0/64C**
 Of autopsy
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name **Chris Riechers**
 13. Birthplace **Germany**
 (State or foreign country)
 14. Maiden name **Charlotta Baubmann**
 (State or foreign country)
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Charlotta Riechers**
 (b) Address **St Louis Mo**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2 12 43**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **New Haven Mo**
 18. (a) Signature of funeral director **W. B. Heritage, Sr.**
 (b) Address **New Haven Mo**
 19. (a) **Feb 9 1943** (Date received local registrar) (b) **W. B. Heritage, Sr.** (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Suicide**
 (b) Date of occurrence **February 8, 1943**
 (c) Where did injury occur? **New Haven Franklin Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm (Specify type of place)
 While at work? **No** (e) Means of injury **Fire-arms**
 23. Signature **W. B. Heritage, Sr.** (M.D. or other)
 Address **Franklin, Mo** Date signed **2-9-43**

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

Earl Fertig

Licensed Embalmer No..... *3385*

P. O. Address..... *New Haven Ct*

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.