

REC'D OCT 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32704

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Macon Primary Registration District No. 3027 Registered No. 60
 (c) City Macon (d) Street No. Danman Law Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Reup

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from Sept 24, 1938, to Sept 24, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1920

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 11 4

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. school girl
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Accidentally Killed in Automobile Wreck Date of onset 9-24-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill

Shock & internal hemorrhage lumbar region of spine
 Other contributory causes of importance: Loss control of car

FATHER 13. NAME Theodore Reup
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Name of operation none Date of _____
 What test confirmed diagnosis? obvious Was there an autopsy? No

MOTHER 15. MAIDEN NAME Ruth Appleton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9-24-1938
 Where did injury occur? 1 mi. South of Macon (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) J. Carr Harrell
Kirksville Mo.

Manner of injury Public Place
 Nature of injury Automobile Town car
Head & Arm & Lips Bruised & Abused

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Ill DATE 9-27-1938
Woodlawn Cem.

19. FUNERAL DIRECTOR (ADDRESS) Stephens & Gooding
Macon Mo

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robert Rowner, M. D.
 (Address) New Center Mo

20. FILED 10/5 1938 Leola Newton
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-293

Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)