

REC'D JUL 17 1939

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

22229
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township Teabo Primary Registration District No. 5499
(c) City Lewis Station (d) Street No. _____ 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. 10 (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Wanda Fay Reeding

(a) Residence, No. Lewis Station, Mo. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1939
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 10

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. Inft.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 0

12. BIRTHPLACE (CITY OR TOWN) Lewis Station (STATE OR COUNTRY) Henry Co., Mo.

13. NAME Lonie Reeding
14. BIRTHPLACE (CITY OR TOWN) Williamsburg, Kansas (STATE OR COUNTRY)

15. MAIDEN NAME Anna Fay Hawthorne
16. BIRTHPLACE (CITY OR TOWN) Johnson Co., Mo. (STATE OR COUNTRY)

17. INFORMANT Lonie Reeding (ADDRESS) Lewis Station, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greer Cemetery, DATE 4-25-39

19. FUNERAL DIRECTOR (NAME) R. A. Brauninger (ADDRESS) Leeton, Mo.

20. FILED 4-25-39 Mrs. A. G. Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:

Valvular insufficiency of heart, with
Date of onset _____

Other contributory causes of importance: gdn

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. E. Reel, M. D.
Cannoun, Mo.
314 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE IN SERVICE, WITH ONFADING INVA—THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 2-24-924

Date Filed 7-11-39

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.....

..... me Registered Apprentice No.
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3377

P. O. Address..... Leeton, 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, above space should be left blank.