DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 2 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10133

Primary Registration District No. 5102 AB

Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural, Lorance
(If outside city or town limits, write "RURAL" and name of township)
(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 2 (Specify whether
In this community 26 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Near Glen Allen, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ella Reason Underwood 536
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry A. Underwood
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Dec. (Month) 10th (Day) 1913 (Year)

8. AGE: Years 26 | Months 4 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Glen Allen (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Ira W. Deck
13. Birthplace Glen Allen (City, town, or county) Mo (State or foreign country) 0
14. Maiden name Rufa F. Reason
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature H. A. Underwood
(b) Address Glen Allen, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Allen, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. T. B. Graham
19. (a) Apr. 8 1940 (Date received local registrar) (b) Mrs. Nellie H. Dawdy Ambaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1st 40 to May 29 40, 1940
that I last saw h alive on May 29 40, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Convulsions	
Due to Chronic Pyelonephritis	
Due to Nephritis,	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. D. Pumphrey (M. D. or other)
Address Lutesville Date signed 4/3/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39

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

Mo , Registered Apprentice No. ,

working under my personal supervision.

Signed Thomas E. Grogan

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.