

JUN 22 1940

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

19349
Do not use this space.

1. PLACE OF DEATH Reynolds ²⁰
(a) County Registration District No. 747
(b) Township Carrol Primary Registration District No. 5-97913 Registered No.
or Centerville, Mo. (c) City (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
52 1/2 Sarah E. Fancher 19

2. PRINT FULL NAME
(a) Residence, No. Centerville, 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. C. Fancher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 11 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Missouri. 0
13. NAME George Adams, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT R. Reed Centerville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville, Mo. DATE April 14, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yates Funeral Home Piedmont, Mo.
20. FILED May 20, 1940 Mrs J. J. Pyle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1940
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1940, to April 13, 1940
I last saw her alive on April 13, 1940 Death is said to have occurred on the date stated above, at 5-20 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset
Arterio insufficiency with consolidation (an old condition) of practically all the right lung.
Other contributory causes of importance: none
Name of operation none Date of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? no
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? no
If so, specify
(Signed) C. M. Smith, M. D. Address) Lexington, Mo.

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

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.....

Scott A. Botrell

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. **5**,

District File Number *640652*

Date Filed *6648*

Signed *Scott A. Botrell*

Licensed Embalmer No. *3567*

P. O. Address *Poplar Bluff, 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.