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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26555

State File No.

Registration District No. 887 Primary Registration District No. 6170 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Washington

(b) ~~City or town~~ Mineral Point (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 9 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash

(c) City or town Potosi Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ellen Reel 400

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife William Reel

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 11 (Month) 1868 (Day) (Year)

8. AGE: Years 71 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Co 1 (State or foreign country)

10. Usual occupation

11. Industry or business Hous wife

FATHER
12. Name Seanor Skinner
13. Birthplace Wisconsin (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name ~~Martha~~ Jim Knauns
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant William Reel

(b) Address Mineral Point Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof Aug 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Sparks

(b) Address Potosi Mo

19. (a) Aug 20 40 (Date received local registrar) (b) G. F. Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 1940 year hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May, 1940 to Aug 13, 1940 that I last saw her alive on July 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis. ~~Left side~~ Right side

Due to Gran Cerebral

Due to Hemorrhage

Other conditions Left side (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

PHYSICIAN

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? 808 (Specify type of place)

While at work? (e) Means of injury

23. Signature G. F. Cresswell (M. D. or other) 1

Address Potosi Mo Date signed 8/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.