

No. 2  
-13-40  
17-39  
X23159

FEB 25 1941

Registration District No. 278

Primary Registration District No. 5904

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
County Home 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 12 yrs

3. (a) PRINT FULL NAME Phillip Reuss

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Don't know  
(Month) (Day) (Year)

8. AGE: Years about 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Don't know

13. Birthplace 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie M Matlock

(b) Address St James Mo

17. (a) Burial (b) Date thereof 1-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matlock cem

18. (a) Signature of funeral director W E Luchler

(b) Address St James Mo

19. (a) 1-21-41 (b) Elsie B. Houch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-7 day 19  
year 1941 hour 10<sup>00</sup> minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from at 10 a.m  
January 19, 1941 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 10 AM Jan 19, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory failure

Due to Cardio-vascular-renal disease

Due to Exposure, under-nourishment

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J McCatighan (M. D. or other) 20  
Address St James Mo Date signed 1-20-40

RECEIVED

Health Officer No. 5,

District File Number 241237

Date Filed \_\_\_\_\_

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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**