DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25854

Registration District No. 686 Primary Registration District No. 4410 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville Mo (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 No (Specify whether In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Curryville (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.? 0 years.

3. (a) PRINT FULL NAME Ella Reading

3. (b) If veteran, name war No

3. (c) Social Security No. Pension

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Reading

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

7. Birth date of deceased Oct. 15 — 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Joseph McIntyre
13. Birthplace Pike Co (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Mary Cumerford
15. Birthplace D.R. (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant's own signature Mrs Bert Hedges

(b) Address Curryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Curryville Mo.

18. (a) Signature of funeral director W. B. Elmore

(b) Address Bowling Green

19. (a) July 17 1941 (Date received local registrar) (b) Gene E Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1941 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from 7/1/41 7/1[illegible], 1941, to 7/15, 1941; that I last saw her alive on 7/15/41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial insufficiency	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 120

Address [illegible] Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 8-41-1446
Date Filed AUG 6 1941

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, above space should be left blank.