

FILLED OCT 14 1941

Registration District No. 672

Primary Registration District No. 6257

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Pierce City (Rural) Bernice's
(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 _____ (Specify whether
In this community Lifetime / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence
(c) City or town Pierce City (Rural) 073
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1941 hour 6-30 minute p M.
21. I hereby certify that I attended the deceased from
Sept. 19 1941 to Sept. 19 1941
that I last saw her alive on Sept. 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure 1 yr.
Due to complications of worry and strain
Due to _____

Other conditions
(Include pregnancy within 3 months of death) 93d.
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?
While at work? _____ (Specify type of place) _____
(e) Means of injury 93d.
23. Signature A. B. Tracy (or other)
Address Freistatt Mo. 9-20-4 Date signed _____

3. (a) PRINT FULL NAME Julia Reynolds
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Reynolds
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Bernice Reynolds
(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 9-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director Therese
(b) Address Pierce City Mo.

19. (a) Sept 20 1941 (b) Grace Hudson
(Date received local registrar) (Registrar's signature)

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

73000

RECEIVED

District Health Officer No. 6,

District File Number 1041-1587
OCT 11 1949

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.....

me

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

working under my personal supervision.

Signed.....

Victor O. Healey

Licensed Embalmer No. 3827

P. O. Address *Prine City, 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, fact should be so stated above.