DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10093

FILED APR 24 1942

Registration District No. 2 Primary Registration District No. 4021 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville, Mo. Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cassville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 005
(c) City or town Cassville Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Belle Reitz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Oscar Reitz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 2 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	9	hr. min.

9. Birthplace Kansas City. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jefferson Jackson
13. Birthplace Richmond (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Eva Baumgardner
15. Birthplace Don't Know (City, town, or county) 0 (State or foreign country)
16. (a) Informant Ernest Bedford
(b) Address Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem. Kansas City, Mo.
18. (a) Signature of funeral director Roy Funeral Home
(b) Address Cassville, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1942 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept. 24 1938 to Mar. 10 1942 that I last saw her alive on Mar. 10 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	5 min.
Due to: Essential Hypertension	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 8 3a'	
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 E. E. McDaniel (M. D. or Coroner) F. B. Stone
Address Cassville, Mo. Date signed 3/11/42

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-596
Date Filed APR 23 1942

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 Howard L. Lamar
Licensed Embalmer No. 412-2
P. O. Address Cassville, 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10093

Registration District No. 29 Primary Registration District No. 4021 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville

(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cora B. Reitz

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 2 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Mar. 26, 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY