

S. No. 2
M-9-4-41
Rev. 5-17-39
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19171

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 25 1942

Registration District No. 1155

Primary Registration District No. 6065

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Illinois Kansas Dumas
(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 ✓
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100
(c) City or town Illinois
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1942 hour 1-30 minute P M.
21. I hereby certify that I attended the deceased from June 3 1940 to April 8 1942,
that I last saw her alive on April 8 1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right breast, shoulder, and arm
Duration 1 yr.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
50

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?
(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 D. S. Dornier (M. D. or other)
Address ILL MO. MO. Date signed 5-9-42

3. (a) PRINT FULL NAME EMMA ELIZABETH REED

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 J. S. Reed 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Sept 10 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Randleman

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

14. Maiden name Mary Haley

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

16. (a) Informant S. V. Flynn

(b) Address Illinois, Mo

17. (a) Burial (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Captains Cemetery

18. (a) Signature of funeral director Bliss Plimphoff + Hubbard

(b) Address Illinois, Mo
19. (a) 4-9-42 (b) D. S. Dornier
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1058 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 642-700

Date Filed JUN 16 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 Glenn Wilson.....

Licensed Embalmer No. 2828.....

P. O. Address Jackson 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.