

Registration District No. 561

Primary Registration District No. 5756

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

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural Franklin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 121 A East Third Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1942 hour 10 minute _____ P.M.
never saw him alive

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 Hemorrhage from severance of left jugular vein following auto accident

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: accident 066

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence June 24th, 1942

(c) Where did injury occur? Aurora Springs Miller Co., Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature James W. Allen (M. D. or other) MO

Address Edon Mo Date signed 6-24-42

3. (a) PRINT FULL NAME Robert Earl Reuter

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 single

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

7. Birth date of deceased April 26 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 2 1 _____ hr. _____ min.

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

10. Usual occupation Plant Supt.

11. Industry or business Bottling Co.

12. Name Robert Reuter

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

14. Maiden name Rosele Breeden

15. Birthplace French Lick Indiana
Signature (City, town, or county) (State or foreign country)

16. (a) Mrs. Laughlin Bros.

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 6-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sedalia, Missouri

18. (a) Robert Reuter Sr.
Signature (City, town, or county) (State or foreign country)

(b) Address Sedalia Mo.

19. (a) 6-28-42 (b) J. S. Spearman
(Date received local registrar) (Registrar's signature)

1114

RECEIVED
Miller County Health Dept.
42-56
Date filed 7/20/42
County File Number

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

Keith M. Payne

Licensed Embalmer No.

3948

P. O. Address

Eldon 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.