

No. 2
-1-4-41
5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21884

State File No. 5814

FILED JUL 13 1942

Registration District No. 614

Primary Registration District No. 5814

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Pierce City (Rural)
(c) Name of hospital or institution Van Buren Hosp
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
(c) City or town Pierce City (Rural)
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margarite Racheal Reynolds

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 Married

6. (b) Name of husband or wife Amos Reynolds 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 6 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name E.W. Ross

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

14. Maiden name Eva Colbert

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

16. (a) Informant Amos Reynolds

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 7-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

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

19. (a) July 1 - '42 (b) Lulu Forward
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1942 hour 9-45 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 19
_____ 19.42 to June 30 19.42

that I last saw h. er alive on June 20 19.42
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Abscesses of lung

Due to Broncho Pneumonia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature E.B. Wright (M. D. or other) _____

Address Pierce City, Mo. Date signed 7-1-42

Duration

4 Wks.

1 Wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 742-918

Date Filed JUL 10 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.....

me
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Richard D. Heiney*

Licensed Embalmer No. *38122*

P. O. Address *Perse City*

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.