

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

24800

State File No. ....

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 63

1. PLACE OF DEATH:  
 (a) County MISSISSIPPI  
 (b) City or town CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
310 SOUTH FIRST  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 72 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County MISSISSIPPI  
 (c) City or town CHARLESTON  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 310 So. FIRST  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country NONE

3. (a) PRINT FULL NAME SOPHIA RYTTER REAGAN  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JULY day 10<sup>TH</sup>  
 year 1942 hour 10 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced SEPARATED  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased APRIL 27, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3  
1942 to July 10, 1942,  
 that I last saw her alive on July 10, 1942,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Occlusion  
Duration five minutes

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>13</u>	.....hr. ....min.

Due to.....  
 Due to.....

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

Other conditions Acute Bronchitis  
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business HOUSE KEEPING  
 12. Name CHARLES RYTTER  
 13. Birthplace SWEDEN  
(City, town, or county) (State or foreign country)  
 14. Maiden name SOPHIA JOHNSON  
 15. Birthplace SWEDEN  
(City, town, or county) (State or foreign country)

16. (a) Informant OLLIE REAGAN  
 (b) Address 310 S. 1ST, CHARLESTON, MO.

17. (a) BURIAL (b) Date thereof 7-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation 100 F. CHARLESTON, MO.

18. (a) Signature of funeral director John F. Nunnally  
 (b) Address CHARLESTON, MO.

19. (a) July 11, 1942 (b) D. G. Moore  
(Date received by local registrar) (Registrar's signature)

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 J. G. Gables (M.D. or other) DD  
 Address Russell Hotel, Charleston Date signed July 11, 1942

1257 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,  
District File Number 842-1032  
Date Filed 8-10-42

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, and  
Joe Robert Nunnlee, Registered Apprentice No. ??  
working under my personal supervision.

Signed

John F. Nunnlee Jr.

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.