

FILED MAR 11 1943

Registration District No. **15**

Primary Registration District No. **3004**

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

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(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)
In this community **all of life** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton** **6**
(c) City or town **Lamar**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT **DORA DELL REYNOLDS**
FULL NAME

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, **Widowed**

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

7. Birth date of deceased **Dec 27th, 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Dade CO, MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER } 12. Name **James Divine**

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

14. Maiden name **Nannie Hagins**

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

16. (a) Informant **Wilson Reynolds**
(b) Address **Lamar, MO.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-17-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Moorehead Cemetery**

18. (a) Signature of funeral director **River Funeral Home**
(b) Address **Lamar, MO**

19. (a) **2-17-43** (Date received local registrar) (b) **Martha River** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15th**
year **1943** hour **7** minute **25 P.**

21. I hereby certify that I attended the deceased from **Nov-17**
1942 to **Feb-15** 19 **43**
that I last saw **her** alive on **Feb-15** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Pneumonia**

Due to **acute Myocarditis**

Other conditions (Include pregnancy within 3 months of death) **None**

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 **0**

23. Signature **E. E. Duerst** (M. D. or other) **MD**
Address **Lamar, MO** Date signed **2-16-43**

RECEIVED

District Health Officer No. 6,

District File Number 343-358

Date Filed MAR 10 1943

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

A. W. A. Reven

Licensed Embalmer No. 3141

P. O. Address Lawson 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.