

FILED MAR 13 1943

Registration District No. 157

Primary Registration District No. 5583

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Golden City, R# 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 69 years _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Golden City R # 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Elizabeth Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1943 hour about 4 minute A, M.

21. I hereby certify that I attended the deceased from Dec 1942 to Feb 1, 1943
that I last saw her alive on Jan 9, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed

6. (b) Name of husband or wife Ezra

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

7. Birth date of deceased: Nov, 25, 1847
(Month) (Day) (Year)

Immediate cause of death Chorea myocardica

Physician D. J. ...

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>2</u>	<u>9</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

9. Birthplace Hickory Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business None

MOTHER FATHER

12. Name John Cooper

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

14. Maiden name Mary Bond

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant C F Simpson

(b) Address Golden City R # 1

17. (a) Burial (b) Date thereof Feb 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskins Cemetery

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? _____

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb 5 '43 (b) Elizabeth Conplein
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. B. ... (M. D. or other)

Address Carthage Mo Date signed 2-5-43

1203

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

43-2-147

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

Registered Apprentice No.

Signed.....

Emm R. Knell

Licensed Embalmer No.

391

P. O. Address.....

Carthage

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.