

ED MAY 8 1943
Registration District No. 733

Primary Registration District No. 3022

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Bethany
(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 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren
(c) City or town Bethany (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Reynolds

3. (b) If veteran, name war 2 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased November 4 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 0 hr. min.

9. Birthplace Tennants Ind - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name Elijah Meyers
13. Birthplace Warren (City, town, or county) (State or foreign country)
14. Maiden name Nancy Wood
15. Birthplace Warren (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl King
(b) Address Bethany Mo

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

(c) Place: burial or cremation Russ Cemetery

18. (a) Signature of funeral director Joe E. Whelan
(b) Address Bethany Mo

19. (a) April 7 1943 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 19 1943, to April 4 1943; that I last saw her alive on April 4 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of epiglottis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H 7 a
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury

23. Signature Ralph L. Walker (M.D. or other) D.O.
Address Bethany Date signed 7/7/43

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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.