

LED MAY 26 1943

Registration District No. 275

Primary Registration District No. 3047

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
Sales-Bowman Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether

In this community \_\_\_\_\_ years, months or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #5, Neosho, Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Garry Gene Reiboldt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 4, 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Neosho, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Irvin Reiboldt

13. Birthplace Hastings Nebraska 1  
(City, town, or county) (State or foreign country)

14. Maiden name Bonnie Corner

15. Birthplace Branby, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Corner

(b) Address Granby, Missouri Route #1

17. (a) Burial (b) Date thereof 5-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 5-10-1943 (b) Cerely Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5, year 1943 hour 1:00 minute AM

21. I hereby certify that I attended the deceased from May 4<sup>th</sup> 1943 to May 5<sup>th</sup> 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Premature delivery by cesarean section

Due to mother having eclampsia convulsions following fall

Due to 4 & 5 ft. fall from step at home

Other conditions none  
(Include pregnancy within 3 months of death)

Duration	PHYSICIAN
	_____
	Underline the cause to which death should be charged statistically.

Major findings: Of operations none 160C

Of autopsy none

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 Irvin Reiboldt (D. or other) MD

Address Neosho, Mo Date signed May 7, 43

Date Received MAY 19 1943  
File No. 643-98

MAY 24 1943

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.