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M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24510

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 218

1. PLACE OF DEATH:
(a) County: Butler 17
(b) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
Lucy Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 18
(a) State: Missouri (b) County: Carter 0
(c) City or town: Ellsinore 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME: Laura Mae Reynolds
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: Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June 17, 1928 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
15	--	18	hr. min.

9. Birthplace: Ellsinore (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Schoolgirl
11. Industry or business

FATHER
12. Name: Lester E. Reynolds
13. Birthplace: Whitewater (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Temble Davis
15. Birthplace: Doniphan (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Lester Reynolds
(b) Address: Ellsinore, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Harmony Cemetery
18. (a) Signature of funeral director: Greer Croy Funeral Serv
(b) Address: Poplar Bluff, Missouri
19. (a) 7-8-43 (Date received local registrar) (b) Bell Dinnel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 5
year: 1943 hour: 1:20 minute: P. M.
21. I hereby certify that I attended the deceased from July 2nd, 1943, to July 5th, 1943
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid Fever	Duration: 6 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: O. O. Parker Jr. (M. D. or other)
Address: Poplar Bluff, Mo. Date signed: 7/6/43

(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 743-978
Date Filed 7-23-43

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.....

Licensed Embalmer No. 3474

P. O. Address. Poplar Bluff, Missouri

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.