

S. No. 2  
OM-2-43  
5-17-39  
X35887

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26323

Registration District No. 3600

Primary Registration District No. 6225

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp. No 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 4 ds  
(Specify whether same)

In this community same  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lees Summit  
(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 Elinor Matilda McReighan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. unk.

4. Sex Female 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 unknown  
(Month) (Day) (Year)

8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

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

12. Name unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records

(b) Address Nevada

17. (a) same (b) Date thereof 7-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director Fernando Horn

(b) Address Nevada Mo

19. (a) 7-30-43 (b) Dr. B. Bawick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30<sup>th</sup>  
year 1943 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from Apr. 10  
1943, to July 30, 1943  
that I last saw her alive on Apr. 29, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none 1620

Of autopsy none

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) (e) Means of injury 0

23. Signature R.B. Roster (M. D. MD.)  
Address Nevada Mo Date signed 7-30-43

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

108  
00

RECEIVED

District Health Officer No. 7,

District File Number

7-43-837  
8-7-43

Date Filed

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 MS

Registered Apprentice No.

working under my personal supervision.

Signed

Mike E. Jones

Licensed Embalmer No.

1432

P. O. Address

Verona 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.