V. S. No. ...
00M—8-43
Rev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24229

FILED AUG 8 1944

Registration District No. 73 — Primary Registration District No. 3007 — Registrar's No. 237

12
7
3

1. PLACE OF DEATH:

(a) County Buttler

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

(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Piedmont 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Edward Lester Reel,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel Reel,

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 21. (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation

11. Industry or business Real Estate Business

FATHER
12. Name Samual Reel,
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mabel Reel, 1

(b) Address Piedmont, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11. 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Cemetery

18. (a) Signature of funeral director F. L. Yates,

(b) Address Piedmont, Mo

19. (a) 7-19-44 (Date received local registrar) (b) Belle Dinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 8, 1944 to July 9, 1944
that I last saw him alive on July 9, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	30 days
Due to Pernicious Anemia	18 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 el

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 0

23. Signature [signature] (M. D. or other)

Address Poplar Bluff, Mo. Date signed 7-18-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 844-103
Date Filed 8-3-44

FEB 1 1945

FEB 5 1945

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Frederickstown

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.