

FILED MAR 16 1945

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 5

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

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1. PLACE OF DEATH:
(a) County BARTON
(b) City or town LAMAR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1708 Bdwy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BARTON
(c) City or town LAMAR
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 Bdwy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAY DELANEY REYNOLDS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEBRUARY day FOURTEENTH year 1945 hour _____ minute _____ M.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife PRICE GREY 6. (c) Age of husband or wife if alive _____ years
J. R. REYNOLDS
7. Birth date of deceased JANUARY 22 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

Due to Coronary occlusion
Due to Was found dead in Roving chair at 7 p.m.
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace CEDAR COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name ROBERT STUBBLEFIELD

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE JOHNSON

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. GEO. DELANEY

(b) Address 1708 BRAND LAMAR, MO

17. (a) BURIAL (b) Date thereof 2-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST CEME LAMAR, MO

18. (a) Signature of funeral director Gibson Funeral Home
(b) Address Lamar, Missouri

19. (a) FEB 15, 1945 (b) Martha River
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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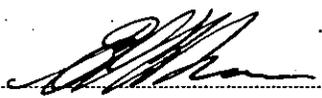
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature R. E. Duncanson (M. D. CORNER)
Address Lamar MO Date signed 2-15-45

RECEIVED
District Health Officer No. 6,
District File Number 345-254
Date Filed MAR 13 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 

Licensed Embalmer No. 4131
P. O. Address 1201 Polkway Kansas 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.