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5-17-39
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20999

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 11 1945
Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Raymond
(b) City or town Rural Little Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Raymond
(c) City or town Rural Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi south of Caruthersville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phyllis Audrey Reynolds
(b) If veteran, name war _____
3. Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 14
year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 13 1945 to June 14 1945
that I last saw him alive on June 14 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April - 28 - 1945
(Month) (Day) (Year)

Immediate cause of death Cancer
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
1 16 hr. min.
9. Birthplace Caruthersville MO.
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations ✓
Of autopsy 114W
Duration 1W

MOTHER FATHER
11. Industry or business _____
12. Name Raymond Reynolds
13. Birthplace Caruthersville (City, town, or county) (State or foreign country)
14. Maiden name Phyllis Thompson
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mitchell de Lae
(b) Address Caruthersville Mo.
17. (a) Rural (b) Date thereof 6-14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Plains
18. (a) Signature of funeral director La Forge and Co.
(b) Address Caruthersville Mo.
19. (a) 6-14-1945 (b) Jessie H. Markey
(Date received local registrar) (Registrar's signature)

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 Phyllis Reynolds (M.D. or other) 4/4/45
Address Caruthersville Date signed _____

(Licensed Embalmer, Statement on Reverse Side)

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

18000

1206

6-45-138

STATEMENT BY LICENSED EMBALMER

7 not

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 *Noel C. Dixon*

Licensed Embalmer No. *3941*

P. O. Address. *Courthouseville 4700*

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.