

No. 2
5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3305**
Registrar's No. **11**

FILED FEB 1 1946

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
238 Virginia 1
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Althea Dwyer

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 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

About 53

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

10. Usual occupation Housekeeper

MOTHER FATHER

11. Industry or business _____

12. Name William Reynolds

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

14. Maiden name EMMA Quinn

15. Birthplace Perry Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Reynolds
(b) Address Perry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Perry Mo

18. (a) Signature of funeral director James O'Connell
(b) Address Harrisbal Mo

19. (a) 1-5-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO **64**

(c) City or town Harrisbal **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 238 Virginia **4**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st
year 1946 hour 8:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to By hanging self from table in basement of 238 Virginia St.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ **1640**

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) Suicide

(b) Date of occurrence Jan. 1, 1946

(c) Where did injury occur Harrisbal Marion Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
Home (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature James O'Connell (Registrar's name)
Address Harrisbal Mo Date signed 1/2/46

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.