

STANDARD CERTIFICATE OF DEATH

State File No. 19295

Registration District No. 358

Primary Registration District No. 4523

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Schell City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 2 1/2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Schell City  
(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 Susan Elizabeth Reynolds

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 widowed  
6. (b) Name of husband or wife Clayton Reynolds 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 18 1857  
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Lam Robertson  
13. Birthplace Don't know  
(City, town, or county) (State or foreign country)  
14. Maiden name Malinda Springer  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Susie & Vaughn  
(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof April 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Lute Lewis & Son  
(b) Address Schell City, Mo.

19. (a) Apr. 6 - 1946 (b) Miss Sarah Ekkey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1946 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Feb 28  
1946 to March 20, 1946  
that I last saw her alive on March 14, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremic Coma Duration 2 days

Due to Chronic Nephritis

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

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

Major findings: Of operations \_\_\_\_\_ 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) \_\_\_\_\_  
(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 J.W. Gray (M. D. or other) \_\_\_\_\_  
Address Schell City Mo Date signed 4-1-46

329

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

RECEIVED  
District Health Officer No. 7,  
District File Number 4-46-471  
Date Filed 5-15-46

*John P. Lewis*

**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 Marion M. Lewis  
Licensed Embalmer No. 3084  
P. O. Address Schell City, 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.**