S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38040

Registration District No. 300 Primary Registration District No. 6029 Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Rural
(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 Dorthy Rayfield Hirte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Harry Hirte

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Aug (Month) 12 (Day) 1924 (Year)

8. AGE: Years 22 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Rayfield
13. Birthplace Reynolds Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Hampton
15. Birthplace Reynolds Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Rayfield
(b) Address Ellington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director Phil O'Leuchel
(b) Address Van Buren Mo

19. (a) Dec. 7 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 46 1946, to Oct 28 46 19; that I last saw her alive on Oct 28 46 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Circ. Failure	5min.
Hemorrhage	2hrs
Due to Perforated Uterus	2 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

139B

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 2

23. Signature H. E. Hillsows (M. D. or other) DO
Address Ellington Date signed Oct 29

596

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 1246621
Date Filed 12-13-46

DEC 19 1946

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~~ 10-28-4

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Phil A. Fenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren

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.