

U.S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5903
Registrar's No.

Registration District No. 372

Primary Registration District No. 6056

1. PLACE OF DEATH:

(a) County St. Clair Co

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community 3 days years, months or days)

3. (a) PRINT FULL NAME Ida Belle 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 Married

6. (b) Name of husband John Reynolds 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 31 1887
(Month) (Day) (Year)

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

59 5 4 .hr. min.

9. Birthplace Near Mt Zion Henry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Frank Burris

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

14. Maiden name Francis Huff

15. Birthplace Hendrick Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Lloyd Reynolds

(b) Address Prosser City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Louisy City Cemetery

18. (a) Signature of funeral director H. C. Austin

(b) Address Louisy City Mo

19. (a) 2-10-47 (b) R. Seever
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 9.3

(c) City or town Louisy City Mo Rural 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1947
Feb 4 1947
that I last saw her alive on Feb 4 1947 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 61

Of autopsy _____

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 C. S. Stratton (M. D. 1947)
Address Louisy City, Mo Date signed 2/6/47

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

MOTHER, FATHER

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(Licensed Embalmer's Statement on Reverse Side)

Case

991-1

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry 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.