

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 5 1947 J.L.Gentry, 1503 S. Fremont. Ph. 6486.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 347

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **808 East Garfield**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **10 years** (Specify whether years, months or days)
In this community **10 years**

3. (a) PRINT FULL NAME **Henry N. Rea**

3. (b) If veteran, **No** name war
3. (c) Social Security No. **500-09-8650**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mina Rea**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **December 30 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **13**
If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Alonzo Rea**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Colwell**
(City, town, or county) (State or foreign country)
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mina Rea**

(b) Address **808 East Thoman, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **4-15, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. Signature of funeral director **W.L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **4-15-47** (b) **W. L. Dunn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **808 East Garfield**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**
year **1947** hour **9** minute **30 A** M.

21. I hereby certify that I attended the deceased from **April 4, 1947** to **April 12, 1947**
that I last saw him alive on **April 12, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-renal disease** Duration **?**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Mode 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 **M. L. Gentry** (M. D. or other)

Address **Springfield, Mo.** Date signed **4-14-47**

(Licensed Embalmer's Statement on Reverse Side)

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

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. J. McCann

Licensed Embalmer No.

2727

P. O. Address.....

Springfield

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.