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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13888**

Registration District No. **155** Primary Registration District No. **3127** Registrar's No. **55**

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
605 N. BALL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 605 N. Ball
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Margaretta Reed

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 J. McDowell

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

7. Birth date of deceased Dec 1 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Johann J. Lequere

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

14. Maiden name Justina Child

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

16. (a) Informant Ray Dyer

(b) Address Centerville, Mo.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** April 9 1947
(Month) (Year)

(c) Place: burial or cremation Webb City

18. (a) Signature of funeral director Walter C. ...

(b) Address Webb City, Mo.

19. (a) APR 8 1947 **(b)** St. Paul ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1947 hour 6:06 minute 01 M.

21. I hereby certify that I attended the deceased from March 16, 1947, to April 7, 1947
that I last saw her ER alive on April 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic **Duration** 2 da

Due to Heart failure congestive type **Duration** 2 wks

Due to _____

Other conditions Influenza **Duration** 1 mo
(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? 0

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

Signature Orval J. Needels (M. D. or other) MD

Address Webb City Mo **Date signed** April 8 1947

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

47-3-269

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 myself

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

working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.