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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1102 Elm St
(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 Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 Elm St 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Laura Emaline Reinohl
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from past 5 years
_____, 19____, to _____, 19____;
that I last saw her alive on 7-9- 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Phillip Reinohl
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased August 27 1865
(Month) (Day) (Year)

Immediate cause of death _____
Ch. myocarditis & acute failure 5 yrs.
Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>12</u>	_____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Robinson Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation Homemaker

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name John M. Highsmith
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mariah E. Sealey
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde O. Reinohl
(b) Address 1104 Elm - Rolla, Mo.

17. (a) Burial (b) Date thereof July 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director Smith-Holloway
(b) Address Rolla, Mo.

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?

19. (a) 7-12-47 (b) Nadine L. Stoles
(Date received local registrar) (Registrar's signature) 380

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature E. E. Fairman (M. D. or other) 0
Address Rolla, Mo. Date signed 7-11-47

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

J. H. Hallen

Licensed Embalmer No.

3643

P. O. Address

Rolla 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.