

FILED OCT 10 1947

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30849

Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin Registration District No. 103  
 (b) Township Bellevue Primary Registration District No. 5417  
 (c) City Hamersville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Reddell

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED (WIDOWED, OR DIVORCED) (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. F. Reddell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1897  
 7. AGE YEARS 50 MONTHS 6 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) 8-6-1947 11. Total time (years) spent in this occupation Lif

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Place, Ashwood

FATHER 13. NAME Ray Bell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) etc.

MOTHER 15. MAIDEN NAME Virginia, etc.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) etc.

17. INFORMANT (ADDRESS) Basil Reddell, Hamersville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Swifton Ark. DATE 8-11-194719. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Jackson, Newport Ark.20. FILED 9/21 1947 Bertha Mansovich Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7 194722. I HEREBY CERTIFY, That I attended deceased from 8/7 1947, to 8/7 1947

I last saw h.e.k. alive on 8/7 1947. Death is said to have occurred on the date stated above, at 4:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset 8/7/47

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? aut Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Stout, M.D.  
 (Address) Hamersville, Mo.

RECEIVED

District Health Office No. 2

District File Number 1047-1312

Date Filed 10-9-47

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**