

Registration District No. 251

Primary Registration District No. 4372

Registrar's No. 201

1. PLACE OF DEATH: **Nodaway**

(a) County **Burlington Jct**

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

(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **all her life** (Specify whether years, months or days)

In this community **all her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** 74

(c) City or town **Burlington Jct Mo** 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME **Phoebe Rosella Reynolds**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1947** hour **10** minute **30 P.M.**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Walter Reynolds** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **February 28 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1947** to **Sept 7 1947**
that I last saw her alive on **Sept 7 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis** Duration **4 yrs.**

8. AGE: Years **58** Months **6** Days **7** If less than one day hr. _____ min. _____

Due to **unknown**
probably - infected teeth

Due to _____

9. Birthplace **Near Elmo Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Oliver St George**

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

14. Maiden name **Annie Virginia Baker**

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

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

Major findings: Of operations **AAA**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Walter Reynolds**

(b) Address **Burlington Jct Mo**

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

(c) Place: burial or cremation **Ohio Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Burlington Jct Mo**

19. (a) **9-13-47** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

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

23. Signature **F. E. Wallace** (M.D. or other) **L**

Address **Burlington Jct Mo** Date signed **9-8-47**

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

74
0
0

DISTRICT HEALTH OFFICE

Cameron Co.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 2965

P. O. Address..... Burlington, N.C.

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.