

FILED OCT 3 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33408

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
731 Sikes Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 37 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL.")
(d) Street No. 731 Sikes Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETTA MARY REISS

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 married
6. (b) Name of husband or wife John J Reiss 6. (c) Age of husband or wife if alive 63
7. Birth date of deceased Nov. 11 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 21 hr. min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Alex Sellards

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

14. Maiden name Rosa London

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

16. (a) Informant L.M. Standley

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Weld Funeral Home

(b) Address Sikeston Mo

19. (a) 9-30-47 (b) Am. H. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1947 hour 2 minute 49 A. M.

21. I hereby certify that I attended the deceased from March 46 19____ to death 19____

that I last saw her alive on sept 19, 47 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma, Breast

~~Metastatic~~ Carcinomatosis

Due to _____

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

Major findings: Of operations 50

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles H. Henry M.D. or other _____

Address Sikeston Date signed 29 Sep

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

0
5
2

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1047-1285

Date Filed 10-1-47

NOV 27 1948

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address.....

Liteton 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.