

REC'D MAR 13 1939

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

8062
Do not use this space.

1. PLACE OF DEATH(a) County Texas(b) Township Piney(c) City Houston
 (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.
Registration District No. 863Primary Registration District No. 6137Registered No. 6**2. PRINT FULL NAME**
 (a) Residence, No. 1355 Nelma Nerine Rearden _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Reardon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st, 19177. AGE YEARS 21 MONTHS 4 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. house hold
 10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) and weeks spent in this occupation 2 weeks
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.
 FATHER 13. NAME Joe Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

 MOTHER 15. MAIDEN NAME Elsie E. Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.
17. INFORMANT (ADDRESS) Maurine Clark**18. BURIAL, CREMATION, OR REMOVAL**PLACE Ozark Cemetery Feb. 18th, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) G. V. Elliott Houston20. FILED Feb. 20 1939 Mable Shoroklett Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1939 to Feb. 17 1939
 I last saw her alive on Feb. 16 I A. M. 1939 Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
PachymeningitisOther contributory causes of importance: 79 W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. Herron _____, M. D.(Address) Houston, Mo.

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,

Not Embalmed

....., 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.