DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22192

Registration District No. 15 Primary Registration District No. 4305 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: E. Lake St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community ..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEATHS:

(a) State Mo (b) County Linn

(c) City or town Marceline (If outside city or town limits, write "RURAL")

(d) Street No. E. Lake. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Hattie Elizabeth Reynolds 543

3. (b) If veteran, name war —

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 11 (Day) 1861 (Year)

8. AGE: Years 78 Months 7 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business at Home.

FATHER
12. Name Nathaniel Howard
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Harriet Carwick
15. Birthplace ..... (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Alice Reynolds
(b) Address Marceline, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove.

18. (a) Signature of funeral director Jas M Laughlin
(b) Address Marceline Mo.

19. (a) 6-8-40 (Date received local registrar) (b) Olive L Barnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1940 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov. 30, 1939, to June 5, 1940; that I last saw him alive on June 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	6 days
Due to: Chronic myocarditis	a year or more
Due to:	
Other conditions (Include pregnancy within 3 months of death): 42C	

Major findings:
Of operations .....
Of autopsy .....

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

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

23. Signature John W. Aikman (M. D. or other) D.O.
Address Marceline Mo. Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 740-1205
JUL 12 1940
Date Filed

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline

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.