

NOV 2 1940  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
631 Union  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 631 Union  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1940 hour \_\_\_\_\_ minute 0.45 P.M.  
21. I hereby certify that I attended the deceased from May  
1936 to Sept 26, 1940  
that I last saw her alive on Sept 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic myocarditis  
Coronary thrombosis  
Due to Chronic Nephritis  
Hypertension  
Other conditions:  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
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?  
Y/C/O  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature James A. Murphy (M. D. or other) \_\_\_\_\_  
Address Harrison Mo Date signed 10-4-40

3. (a) PRINT FULL NAME Lydia Reynolds  
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 Widow  
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT. 4. 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 22 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lewis F. Lacy

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

14. Maiden name Sarah Maxwell's

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

16. (a) Informant C. A. Reynolds

(b) Address 21 Union Street, Harrison, Mo

17. (a) Burial (b) Date thereof SEPT 28 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Olivet Cem

18. (a) Signature of funeral director James A. Murphy

(b) Address Harrison Mo  
19. (a) Oct 4 1940 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

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

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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 Michael D. O'Farrell  
Licensed Embalmer No. 3246  
P. O. Address Anniston, 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, above space should be left blank.