

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39247

Registration District No. 5767

Primary Registration District No. 5763

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:

(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 6 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

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

(d) Street No. 3 miles S of East Prairie,
(If rural, give location)

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

3. (a) PRINT FULL NAME JAKE REOWINE

3. (b) If veteran, _____ name war ✓

3. (c) Social Security No. None

4. Sex M 5. Color or face W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased June 12, 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 40 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from 5:30 pm
_____ 1940 to Nov 14 1940
that I last saw him alive on Sept 1 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Louis Redburn

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

14. Maiden name Unknown

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

16. (a) Informant Ellen Thornton

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof Nov. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Supply Lake

18. (a) Signature of funeral director Louis Shelby

(b) Address East Prairie, Mo.

19. (a) 12 E. 1946 (b) Miss W. M. Hodges
(Date received local registrar) (Registrar's signature)

Immediate cause of death Atero-sclerosis

Due to Senility

Due to Chr. nephritis

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

Major findings: Of operations 101

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 S. P. Martin (M. D. or other) _____

Address East Prairie Date signed 11-18-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 21

District File Number 1240-1780

Date Filed 12/9/40

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 Francis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.