

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42268**
Registrar's No. **62**

JAN 13 1940
Registration District No. **2.30**

Primary Registration District No. **4140**

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **Cuba**
(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 _____ (Specify whether
In this community **All his life** years, months or days) **2**

3. (a) PRINT FULL NAME **Reuben Henry Sorrell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Jane Sorrell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 1st. 1852**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	8	21	hr. min.

9. Birthplace **Gasconade County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Carpenter**

12. Name **Robert Sorrell**

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

14. Maiden name **Polley Ann Brown**

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

16. (a) Informant's own signature **Gracie M. Madlock**

(b) Address **1403 Silvertown Pl. Richmond 442 Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 25th. 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kinder's Cem. Cuba, Mo.**

18. (a) Signature of funeral director **Chas. H. Holloway**

(b) Address **Cuba, Missouri**

19. (a) **10-25-39** (b) **J. G. A. Szerzog**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **Cuba**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **22nd**
year **1939** hour **11** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Oct 15, 1939** to **Oct 22, 1939**
that I last saw him alive on **Oct. 22, 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **7 days**

Due to _____
Due to **Senility** **10/11/39**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature **Guaratus G. A. Szerzog** (M. D. or other) _____

Address **Cuba, Miss.** Date signed **10/29/39**

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

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.

Rev. 5-17-39
1-11-39

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.....

John H. Waller

Licensed Embalmer No.....

3643

P. O. Address.....

Cuba, 5710

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.