

MAR 19 1941 53
Registration District No. _____

Primary Registration District No. 5871

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural Bragrodicia-Tws
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pemiscot County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 Month 4 days
years, months or days)

3. (a) PRINT FULL NAME Sidney Reedy
3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 3rd, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Union County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name not known

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

14. Maiden name " " _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Newey Randolph

(b) Address Pemiscot County Farm

17. (a) Burial (b) Date thereof Feb. 12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Pemiscot Co. Farm

18. (a) Signature of funeral director none

(b) Address _____

19. (a) 2/12/41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Pemiscot County Home
(If outside city or town limits, write "RURAL")
(d) Street No. Address 18 days MO
R.R. (If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1941 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from 1-1-41, 1941, to 2-12, 1941;
that I last saw him alive on 2-8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the insane

Due to Syphilis

Due to _____

Other conditions 3012
(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? _____

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

23. Signature Fred L. O'Quinn (M. D. or other) _____

Address Cum thesville MO Date signed 2/12/41

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

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I 11811

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.

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

3-41-17

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.....

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.