

MAR 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8505

Registration District No. 887

Primary Registration District No. 1182

Registrar's No.

1. PLACE OF DEATH:

(a) County WASHINGTON
(b) City or town OLD MINES, MO.
(c) Name of hospital or institution: 1 season 2
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME EVA M. REANDO.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 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 25 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPING

MOTHER FATHER

11. Industry or business
12. Name Lewis Reando
13. Birthplace Cadet, MO.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pasina
15. Birthplace Cadet, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Husconmier
(b) Address TOTOSI MO R 2

17. (a) Burial (b) Date thereof 2-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Mo.

18. (a) Signature of funeral director J. B. Boyer
(b) Address TOTOSI MO.

19. (a) Feb 5 4 (b) J. F. Cozart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WASHINGTON
(c) City or town OLD MINES (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 Feb day 2nd
year 1941 hour 4 minute PM

21. I hereby certify that I attended the deceased from Jan 20 1941 to Feb 4 1941
that I last saw her alive on Feb 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia

Due to _____

Due to _____
Other conditions acute nephritis
(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? _____

23. Signature J. F. Cozart (M. D. or other) _____
(While at work?) (Specify type of place) (e) Means of injury _____

*Address Old Mines Mo Date signed _____

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

1000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 4158

P. O. Address Potosi, 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.