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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1942

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **10127**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fernin DeLoze Hospital - O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 101
(c) City or town Eminence ONR
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HOWARD REARY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married
divorced 1

6. (b) Name of husband or wife LYDIA REARY 6. (c) Age of husband or wife if
alive 62 years

7. Birth date of deceased OCT. 18 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 16 If less than one day
hr. min.

9. Birthplace Gettysburg Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name James F. Reary

13. Birthplace Gettysburg Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary McEwan

15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Powell

(b) Address Eminence mo

17. (a) (b) Date thereof 12-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence mo

18. (a) Signature of funeral director John Duncan

(b) Address Mountain View mo

19. (a) DEC 1 1942 (b) J. R. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - day 4
year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-20-42
19... to 12-4 1942
that I last saw him alive on 12-3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 days

Due to Post-op. for carcinoma of left lower jaw 6 mos.?

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

Major findings: Carcinoma of l. mandible metastases to upper neck. Op. 11-24-42
Of operations Lobar pneumonia
Of autopsy Left lower lobe

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

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 Charles Sherwin O (M. D. or other)
Address 3722 Washington Date signed 12-6-42

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..... *William J. Herons*

Licensed Embalmer No. *4319*

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, fact should be so stated above.