

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21871

ED JUL 10 1943

State File No.

Registration District No. 1787

Primary Registration District No. 5675-

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
name
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Linn

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Georgia E. Reynolds

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 11 AM minute .. M.

21. I hereby certify that I attended the deceased from March 24 - 1943 to June 7 - 1943
that I last saw her alive on May 24 - 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 28 1868
(Month) (Day) (Year)

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 12/24

8. AGE: Years Months Days If less than one day

74 9 9 hr. min.

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

PHYSICIAN

Major findings:
Of operations

Of autopsy no

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Richard Welch

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

14. Maiden name Fannie Carter

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

16. (a) Informant Ralph Reynolds

(b) Address Esolia MO

17. (a) Burial (b) Date thereof June 8 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill Creek Cemetery

18. (a) Signature of funeral director Goach Howe Co

(b) Address Esolia MO

19. (a) June 18 1943 (b) Sto Williams
(Date received local registrar) (Registrar's signature)

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 O.H. Dawson (M. D. or other)

Address Silay MO Date signed 6-7-43

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

57
00

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Norman E. Gooch
Licensed Embalmer No. 2342
P. O. Address Esolia 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.