

JUL 24 1943
Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Min Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME America Fly Reberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 4/29, 1943, to 5/27, 1943, and that I last saw him alive on 4/24, 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 widowed
6. (b) Name of husband or wife Charley Reberry (deceased) 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased February 13 - 1870
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction and myocardial decomposition
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
73 3 14 hr. _____ min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name James K. Fly
13. Birthplace Dennig 1
(City, town, or county) (State or foreign country)
14. Maiden name Leona Jane Wiley
15. Birthplace Dennig 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. Benson

(b) Address Gran, Missouri Box 196

17. (a) Burial (b) Date thereof May - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss Creel Cemetery

18. (a) Signature of funeral director James S. H. H.

(b) Address Min Grove, Mo.

19. (a) 7/22/43 (b) H. Andrew
(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: R. A. Ryan (M. D. or other) _____
Address Min Grove, Mo. Date signed 4/29-43

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

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

JUL 26 1943

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..... *George Stapp*

Licensed Embalmer No. *3161*

P. O. Address *Mr. Stapp*

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.