

No. 2
12-45
17-39
247070

State File No. _____

FILED MAR 12 1947
Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike Co. Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months.
In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 10th. & Kentucky St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOYD OSBORN REES.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1947 hour 9 minute 00 a.m.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W.M.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 19 years 1895 (Year)

7. Birth date of deceased August (Month) 19 (Day) 1895 (Year)

21. I hereby certify that I attended the deceased from 8-12 1946 to 2-17 1947
that I last saw him alive on 2-16 1947
and that death occurred on the date and hour stated above.

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

71 5 28 hr. min.

Immediate cause of death Chronic Myocarditis

Duration _____

9. Birthplace Pittsfield Illinois
(City, town, or county) (State or foreign country)

Due to antecedent

Due to _____

10. Usual occupation Hired Hand

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

11. Industry or business Nursery

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Charles Rees

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Davis (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pike Co. Hospital Records

(b) Address Louisiana Missouri

17. (a) BURIAL (b) Date thereof 2/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVER VIEW

18. (a) Signature of funeral director GARDNER & STERN

(b) Address LOUISIANA Mo.

19. (a) 2-17-47 (b) Bernice Collier
(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 None

(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 [Signature] (M. D. or other) _____

Address Louisiana, Mo. Date signed 2-17-47

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

RECEIVED
Director Health Officer No. 10
District File Number ~~3-42-424~~
Date filed MAR 11 1947

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.....

Virginia M. Sterne....., Registered Apprentice No. 491
working under my personal supervision.

Signed J. B. Sterne.....

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.